## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 12, 2007 8:00 am Secretary of State

DOCUMENT # N05840  1. Entity Name PARK LAKE ASSOCIATION NUMBER THREE, INC.					ŭ	03-12-2007 1003409	7 90377 043 **	**61.25		
Principal Place 2045 SAN M WINTER HAVI			ess Marcos dr Ven, Fl 3388	0					L RIVINGI BI IBB)	
2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Ad	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			02272007	Chg-NP	CR2E037 (12/0	6)	
City & State		City & Sta	City & State			4. FEI Numbe 59-2698			Applied For Not Applicable	
Zip	Country	Zip —		Country		5. Certificate	of Status Desired	□ \$8.75 — Fee Ree	Additional	
	6. Name and Address of Current	Registered Age	nt			7. Name and	Address of New R	egistered Agent		
TENAGLIA, RICHARD A				Name						
2045 SAN	TIVE ASSOCIATION SERV., MARCOS DR	INC.	Street A		ddress (P.O. Box Number is Not Acceptable)					
WINTER H	IAVEN, FL 33880									
				City				FL Zip	Code	
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of	changing its reg	gistered office or	r register	ed agent, or bot	h, in the State of Flo	orida. I am familiar v	vith, and accept	
SIGNATURE .										
	Signature, brief or printed game of registered agent	and title if annicable	(NOTE Re	enselered Anent smost	ura reci wad	when remetation)		DATE		
	Signature, typed or printed name of registered agent			egislered Agent signat				DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9.	INOTE Re Election Campa Trust Fund Con	aign Financing		\$5.00 May Bradded to Fees	e M	DATE  ake check payab		
10.	Filing Fee is \$61.25	9.	Election Campa	aign Financing		\$5.00 May B	Flor	ake check payab	f State	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CHTY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR