## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90333 050 \*\*\*\*61.25

DOCUMENT # N15848  1. Entity Name PARK LAKE ASSOCIATION NUMBER FOUR, INC.				04-10-2000	, , , , , , , , , , , , , , , , , , ,		
Principal Place of Business 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880	STREET SOUTH 295 FIRST STREET SOUTH			50010575			
Principle Place of Business:  2045 San Marcos Drive  City & State:	Mailing Address  2045 San Marce City & State:	03072006	Chg-NP	CR2E037 (11/05)	pplied For		
Winter Haven, FL  Zip 33880 Country USA	Winter Haven, –	Zip 33	<b>880</b> - 59-2754		<del></del>	ot Applicable	
CASSIDY, ALBERT B 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880  8. The above named entity submits this statement for the obligations of registered agent.		c.o. C 2045 Winte		iation Serv., rive 33880	Zip Coo		
SIGNATURE  Signature, typed or printed name of registered agent and  Filling Fee is \$61.25  Due by May 1, 2006	Pichad  NOTE: Ro  9. Election Campa  Trust Fund Con	egistered Agent signature : 	\$5.00 May Be		DATE ake check payable t da Department of S		
10. OFFICERS AND DIRE  TITLE PD  NAME VAN AGTMAEL, FRANK  STREET ADDRESS  CITY-SI-ZIP WINTER HAVEN, FL 33880	CTORS Delete		DT. Puth Hart	r Terrace	RS AND DIRECTORS IN Change	N 10 Addition	
TITLE STD  NAME LOVE, TRENT  STREET ADDRESS  CITY-ST-ZIP WINTER HAVEN, FL 33880	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	77	c Clanati Lane	han Change	Addition	
NAME SMITH, STAN STREET ADDRESS P.O. BOX 2576 CITY-ST-ZIP WINTER HAVEN, FL 33883	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP  12. I hereby certify that the information supplied with the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ained in Chanter 119	Florida Statutas   f	Change	Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

Daytime Phone #