# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 11, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # N17630

1. Entity Name
VILLAS OF CROOKED LAKE CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 131 FAIRCHILD STREET<br>BABSON PARK, FL 33827 US | 3723 WHITE OAK COURT<br>LAKE WALES, FL 33853 US |

01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3714473
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, DAVID
3388 COUNTRY LAKE CIRCLE
LAKE WALES, FL 33898-9559

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | BAKER, FREDERICK |
| STREET ADDRESS | 5725 SUMMIT BLVD |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33415 |
| TITLE | PD |
| NAME | JONES, DAVID |
| STREET ADDRESS | 3388 COUNTRY LAKE CIR. |
| CITY-ST-ZIP | LAKE WALES, FL 33898 |
| TITLE | SD |
| NAME | BROWN, JASON |
| STREET ADDRESS | 3421 OAKVIEW DRIVE |
| CITY-ST-ZIP | LAKELAND, FL 33811 |
| TITLE | TD |
| NAME | LYLE, WALKER |
| STREET ADDRESS | P. O. BOX 104 |
| CITY-ST-ZIP | HOMELAND, FL 33847 |
| TITLE | VD |
| NAME | MESSER, RICHARD |
| STREET ADDRESS | 3723 WHITE OAK CIR |
| CITY-ST-ZIP | LAKE WALES, FL 33898 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/11/08-80023-023 61.25

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12. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:** Walk Lyle WALKER LYLE 1/5/08 863-698-2562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #