

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.	
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Principal Place of Business 131 FAIRCHILD STREET BABSON PARK, FL 33827 US	Mailing Address 3723 WHITE OAK COURT LAKE WALES, FL 33853 US
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

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 _____ Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when re-appointing)	DATE _____
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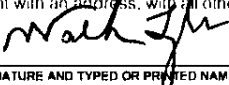
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BAKER, FREDERICK 5725 SUMMIT BLVD WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD JONES, DAVID 3388 COUNTRY LAKE CIR. LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD BROWN, JASON 3421 OAKVIEW DRIVE LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD LYLE, WALKER P. O. BOX 104 HOMELAND, FL 33847
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD MESSER, RICHARD 3723 WHITE OAK CIR LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-STATE-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:  WALKER LYLE	Date: 1/8/08	Deponent's Name: 863-698-2562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		