


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90038 001 ****61.25

DOCUMENT # N22404

1. Entity Name
PARK LAKE ASSOCIATION NUMBER SIX, INC.



Principal Place of Business
**700 OVERLOOK DRIVE
 WINTER HAVEN, FL 33884**

Mailing Address
**700 OVERLOOK DRIVE
 WINTER HAVEN, FL 33884**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01272004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2847608

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**CASSIDY, STEVEN L.
 700 OVERLOOK DRIVE
 WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** Delete

NAME **BETT, GALE**

STREET ADDRESS **2090 SAN MARCOS DR, #170**

CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **Director** Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **P** Delete

NAME **HEMMER, KARL**

STREET ADDRESS **2090 SAN MARCOS DR 273**

CITY-ST-ZIP **WINTER HAVEN, FL**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **D** Delete

NAME **EDWARDS, PHILIP**

STREET ADDRESS **42 BEAVER DAM RD**

CITY-ST-ZIP **SCITUATE, MA**

TITLE **STD** Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **STD** Delete

NAME **SMITH, SCOTT**

STREET ADDRESS **229 SANTA ROSA DR. SE**

CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **P** Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **D** Delete

NAME **AMES, ALBERT**

STREET ADDRESS **2866 LAKELAND PARKWAY**

CITY-ST-ZIP **SILVER LAKE, OH 44224**

TITLE Change Addition

NAME **Henry Ertman**

STREET ADDRESS **143 Montgomery Ave.**

CITY-ST-ZIP **Boyetown, PA. 19512**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **VP** Change Addition

NAME **Dan Knorek**

STREET ADDRESS **38 Fishermans Cove**

CITY-ST-ZIP **Porte Vedra Beach, FL 32082**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Scott Smith **1-28-04** **8633243698**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #