## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

	KEMOIA										
	MENT # N22404		FILED			•					
Entity Name PARK LAKE ASSOCIATION NUMBER SIX, INC.						M H: 03					
700 OVERLOOK DRIVE 700 OV		Mailing Address 700 OVERLOOK DRIVE WINTER HAVEN, FL 338	•		SECRLI TALLAHASSE	Eliri ONDA	•				
,			- •		B TOUR BARTO BOOK BART BART BA						
Principal Place of Business Mailing Address											
		<ul> <li>2045 San Marco</li> <li>City &amp; State</li> </ul>	045 San Marcos Drive		如到個別	[2E099 (6/04)]	)6-06				
		•	Winter Haven, Fl			I An	plied For				
		22000			08	<del></del>	t Applicable				
20800 County, 05A		Country. O	5. Certificate of S	tatus Desired	\$8.75 Add Fee Required						
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent											
CASSIDY.	STEVEN L.		L Ric	chard A Tenaglia			ļ				
700 OVERLOOK DRIVE WINTER HAVEN, FL 33880			Richard A Tenaglia  c.o. Creative Association Serv., Inc.								
			2045 San Marcos Drive								
				Winter Haven, FL 33880							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida, Tam ramiliar with, and accept											
the obligations of registered agent.											
SIGNATURE Richard Tenas lin 2/28/06											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required what reinstating)  DATE											
FILE NOW!!! FEE IS \$61.25  After January 1, 2006, Fee will be \$122.50  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Make check payable to corporation did not receive the prior notice.  Florida Department of State:											
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTORS IN	10				
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition				
NAME STREET ADDRESS	BETT, GALE 2090 SAN MARCOS DR, #170		NAME STREET ADDRESS			•	·.				
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP								
TITLE	VP KNOREK, DAN	☐ Delete	TITLE			Change	Addition				
NAME STREET ADDRESS	38 FISHERMANS COVE		NAME STREET ADDRESS	10	<mark>006954</mark> 16010370	1911					
CITY-ST-ZIP			CITY-ST-ZIP	04/05/(	<u> 16010370</u>	)16 <b>**</b> 122	2.50				
TITLE	STD EDWARDS, PHILIP	☐ Delete	TITLE			Change	Addition				
NAME STREET ADDRESS	42 BEAVER DAM RD		NAME STREET ADDRESS								
CITY-ST-ZIP	SCITUATE, MA	<del> </del>	CITY-ST-ZIP								
TITLE	P SMITH, SCOTT	Delete	TITLE NAME	GEOFF MELED	7	Change	Addition				
NAME STREET ADDRESS	229 SANTA ROSA DR. SE		STREET ADDRESS	3028 AUALON	s terrace	ise					
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	VALRICO FL	33594		•				
TITLE NAME	D ERTMAN, HENRY	Delete	TITLE NAME	SCOTT SMITH		Change	Addition				
STREET ADDRESS	143 MONTGOMERY AVE.		STREET ADDRESS	229 SANTA RO							
CITY-ST-ZIP	BOYERTOWN, PA 19512		CITY-ST-ZIP	WINTER HAVEN	, FL 3388	<b>?</b> Η					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition				
NAME STREET ADDRESS		,	NAME STREET ADDRESS			•					
CITY-ST-ZIP		·	CITY-ST-ZIP								
				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 reported 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.							
indicated of the cor	on this report or supplemental report is tru	ue and accurate and that my : ered to execute this report as	signature shall h	lave the same legal effect as	if made under oath; th nd that my name appe	at I am an officer	or director				