



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

05 DEC -2 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N23022</b> 1. Entity Name PARK LAKE ASSOCIATION NUMBER SEVEN, 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 295 FIRST STREET SOUTH Suite, Apt. #, etc.		3. Mailing Address SAME AS PRINCIPAL Suite, Apt. #, etc. PLACE OF BUSINESS		11092005 REIN-NP CR2E099 (6/04)	
City & State WINTER HAVEN FL		City & State		4. FEI Number 59-2863242	
Zip 33880		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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) 295 FIRST STREET SOUTH City WINTER HAVEN FL Zip Code 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 of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARLOUX, RAY 2160 SAN MARCOS CIR #505 WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAM GROOMS 2160 SAN MARCO CIR #508 WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEENAN, JAMES 2160 SAN MARCOS CIRCLE #510 WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700061869477 12/02/05--01051--002 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GROOMS, PAM 2160 SAN MARCOS CIRCLE #508 WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SUSANNE ELLETT 2160 SAN MARCO DR #509 WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Samela A. Grooms</u>			11/28/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		