

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90094 008 ****61.25

DOCUMENT # N23022
 1. Entity Name
 PARK LAKE ASSOCIATION NUMBER SEVEN, INC.



Principal Place of Business: 2045 SAN MARCOS DRIVE, WINTER HAVEN, FL 33880 US
 Mailing Address: 2045 SAN MARCOS DRIVE, WINTER HAVEN, FL 33880 US

40075619



01252008 Chg-NP CR2E037 (12/06)

4. FEI Number: 59-2863242 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

2. Principal Place of Business - No P.O. Box # Mailing Address

6. Name and Address of Current Registered Agent: TENAGLIA, RICHARD A, C/O CREATIVE ASSOCIATION SERVICE INC, 2045 SAN MARCOS 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: _____ 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
 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: GROOMS, PAM STREET ADDRESS: 2160 SAN MARCO CIR #508 CITY-ST-ZIP: WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE: P NAME: Pamela Grooms STREET ADDRESS: 2160 San Marcos Drive SE #508 CITY-ST-ZIP: Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: REWIS, DOTTIE STREET ADDRESS: 2160 SAN MARCOS DRIVE SUITE 504 CITY-ST-ZIP: WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE: S NAME: Susanne Ellett STREET ADDRESS: 2160 San Marcos Drive SE #509 CITY-ST-ZIP: Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: ELLETT, SUSANNE STREET ADDRESS: 2160 SAN MARCO DR. #509 CITY-ST-ZIP: WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE: T NAME: Ken Richter STREET ADDRESS: 10971 Poplar Bluff Ct CITY-ST-ZIP: Portage, Michigan 49024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: D NAME: Dorothy Rewis STREET ADDRESS: 2160 San Marcos Drive SE #504 CITY-ST-ZIP: Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date: 4/14/08 Daytime Phone #: 863-293-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR