

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N33360**

1. Entity Name  
**PARK LAKE/HIGHLAND NEIGHBORHOOD  
ASSOCIATION, INC.**



Principal Place of Business  
**423 PARK LAKE CIR  
ORLANDO, FL 32803 US**

Mailing Address  
**423 PARK LAKE CIR  
ORLANDO, FL 32803 US**



01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MACK, CHRIS  
423 PARK LAKE CIR  
ORLANDO, FL 32803**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SHAFFER, PAUL
STREET ADDRESS	1024 TERRACE BLVD
CITY - ST - ZIP	ORLANDO, FL 32803
TITLE	S
NAME	KERNS, CATHY
STREET ADDRESS	1020 TERRACE BLVD
CITY - ST - ZIP	ORLANDO, FL 32803
TITLE	T
NAME	MACK, CHRIS
STREET ADDRESS	441 PARK LAKE CIRCLE
CITY - ST - ZIP	ORLANDO, FL 32803
TITLE	VP
NAME	RADER, JOHN
STREET ADDRESS	735 TERRACE BLVD
CITY - ST - ZIP	ORLANDO, FL 32803
TITLE	D
NAME	SWEENEY, AMY
STREET ADDRESS	719 EAST MARKS STREET
CITY - ST - ZIP	ORLANDO, FL 32803
TITLE	P
NAME	GEURTS, JOHN P
STREET ADDRESS	651 TERRACE BLVD.
CITY - ST - ZIP	ORLANDO, FL 32803

U00000381493  
01/11/06-80057-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *John P Geurts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/06 407-896-1927