
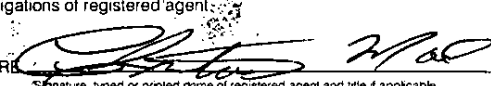
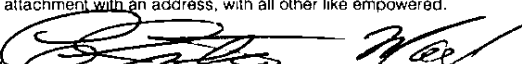


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90060 033 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MACK, CHRIS 423 PARK LAKE CIR ORLANDO, FL 32803				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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:  1/7/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	GEURTS, JOHN PAUL 651 TERRACE BLVD ORLANDO, FL 32803		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN PAUL GEURTS	
TITLE <input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	VP HOUSE, DORLINDA 714 PARK LAKE STREET ORLANDO, FL 32803		TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	JOHN GERLACH 819 PARK LAKE STREET ORLANDO, FL 32803	
TITLE <input type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	T MACK, CHRIS 423 PARK LAKE CIRCLE ORLANDO, FL 32803		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	KERN, CATHY 1020 TERRACE BLVD ORLANDO, FL 32803		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	VP CATHY KERN	
TITLE <input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	RADER, JOHN 735 TERRACE BLVD ORLANDO, FL 32803		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN RADER	
TITLE <input type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	D THILL, KARIN 653 EAST MARKS STREET ORLANDO, FL 32803		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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:  1/7/08 407-310-0045 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40001519



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

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

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

TITLE	<input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
	GEURTS, JOHN PAUL 651 TERRACE BLVD ORLANDO, FL 32803
	<input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
	VP HOUSE, DORLINDA 714 PARK LAKE STREET ORLANDO, FL 32803
	<input type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
	T MACK, CHRIS 423 PARK LAKE CIRCLE ORLANDO, FL 32803
	<input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
	KERN, CATHY 1020 TERRACE BLVD ORLANDO, FL 32803
	<input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
	RADER, JOHN 735 TERRACE BLVD ORLANDO, FL 32803
	<input type="checkbox"/> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
	D THILL, KARIN 653 EAST MARKS STREET ORLANDO, FL 32803

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
	DIRECTOR JOHN PAUL GEURTS
	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
	JOHN GERLACH 819 PARK LAKE STREET ORLANDO, FL 32803
	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
	VP CATHY KERN
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
	PRESIDENT JOHN RADER
	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #