## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 04, 2006 8:00 am Secretary of State

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DOCUMENT # N9500001540  1. Entity Name PARK LAKE HOMEOWNERS ASSOCIATION NUMBER FIVE, INC.					-04-2006 90210	013 *****61	.23	
710 OVERLO	e af Business OOK DR. EN, FL 33884	Mailing Address 710 OVERLOOK DR. WINTER HAVEN, FL 3381	34	4008	3364			
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Principle Place of Business:  2045 San Marcos Drive		Mailing Address  2045 San Marco	s Drive	03072006 CI				
City & State:		City & State: Winter Haven,	CT	4. FEI Number	<u> </u>	- I Ar	oplied For	
Winter Haven, FL  Zip 33880 Country USA ———		winter maven,	Zip <b>3388</b>	65-061120	00	<b>⊢</b>	ot Applicable	
71b 2300	0 Country USA ——	,	Zih 2200	5. Certificate of St	atus Desired	\$8.75 Add Fee Require		
<del></del>	6. Name and Address of Current	Registered Agent	12	7. Name and Add	ress of New Register			
CASSIDY	ALBERT B			1 A 7 D				
710 OVER	RLOOK DR.			Richard A Tenaglia				
WINTER H	1AVEN, FL 33884				ve Association Serv., Inc.			
			L		Marcos Drive			
				Haven, FL 3388		•		
	enamed entity submits this statement fo tions of registered agent.	r the purpose of changing its re	gistered office or req	gistered agent, or both, in	the State of Florida. I	am tamiliar with,	and accept	
	O	Richard	11	. <i>I</i> :				
SIGNATURE	7	<u> </u>	m. Jen	es lia.				
	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE: R	egistered Agent signature re	edured when reinstating)	DA	fE		
	Signature, typed or printed name of registered agent	<del> </del>	legistered Agent signature re	equired when rainstating)	I			
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Make ch Florida De	eck payable t partment of S	tate	
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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 of suppliemental 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 deciver or trustee employed to execute this feport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like employered.

SIGNATURE:

FED NAME OF SIGNING OFFICER OR DIRECTOR