

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001540

FILED
Feb 06, 2009
Secretary of State

Entity Name: PARK LAKE HOMEOWNERS ASSOCIATION NUMBER FIVE, INC.

Current Principal Place of Business:

2045 SAN MARCOS DR
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

2045 SAN MARCOS DR
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 65-0611200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD A TENAGLIA
C/O CREATIVE ASSOCIATION SERVICE INC
2045 SAN MARCOS DR
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

TENAGLIA, RICHARD A
C/O CREATIVE ASSOCIATION SERVICE, INC
2045 SAN MARCOS DR
WINTER HAVEN, FL 33880 US

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.

SIGNATURE: RICHARD A TENAGLIA

02/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLSZEWSKI, THOMAS S
Address: PO BOX 2035
City-St-Zip: WINTER HAVEN, FL 33883

Title: VP () Delete
Name: DARROW, RICHARD
Address: 548 GOLF VISTA CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: DARROW, RICHARD
Address: 548 GOLF VISTA CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: JAECKEL, DOUGLAS
Address: 300 HERNANDO ROAD SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: OSBERG, GERALD W
Address: 2348 ISLE ROYALE COURT SE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLSZEWSKI, THOMAS S
Address: PO BOX 2035
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP/T (X) Change () Addition
Name: DARROW, RICHARD
Address: 548 GOLF VISTA CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: S (X) Change () Addition
Name: BUTTS, KAREN
Address: 2368 ISLE ROYALE COURT SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM OLSZEWSKI

P

02/06/2009

Electronic Signature of Signing Officer or Director

Date