

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **711473** (9)
1. Corporation Name
LAKE PLACID GARDEN CLUB, INC.

Principal Place of Business Mailing Address
627 APPLE AVE., N.W. 627 APPLE AVE., N.W.
LAKE PLACID FL 33852-6871 LAKE PLACID FL 33852-6871
US US



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3. Date Incorporated or Qualified **09/12/1966** 3a. Date of Last Report **02/15/1995**

2. Principal Place of Business 2a. Mailing Address
21 **First Presbyterian Church** 26 **P.O. Box 2193**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-2291802** Applied For
Not Applicable

22 **117 N. Oak St.** 27
City & State City & State

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

23 **Lake Placid, FL** 28 **Lake Placid, FL**
Zip Country Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33852** 25 **USA** 29 **33862** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRINGTON, ANN
627 APPLE AVE, NW
LAKE PLACID FL 33852

81 Name **Patsy Stamm**
82 Street Address (P.O. Box Number is Not Acceptable) **1559 S. Washington Blv. N.W.**
83
84 City **Lake Placid** FL 85 Zip Code **33852**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Patsy Stamm Patsy Stamm** DATE **4/10/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input checked="" type="checkbox"/> DELETE	PD RENTON, JEANNE 1244 LAKE CLAY DR. LAKE PLACID FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Patsy Stamm 1.3 STREET ADDRESS 1559 S. Washington Blv. N.W. 1.4 CITY-ST-ZIP Lake Placid, FL 33852
TITLE <input checked="" type="checkbox"/> DELETE	VD STAMM, PATSY 1559 S. WASHINGTON BLVD., N.W. LAKE PLACID FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Sue Rood 2.3 STREET ADDRESS 617 Spring Lake Blvd 2.4 CITY-ST-ZIP Sebring, FL 33870
TITLE <input checked="" type="checkbox"/> DELETE	V ROOD, SUE 617 SPRING LAKE BLVD. SEBRING FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Ann Harrington 3.3 STREET ADDRESS 627 Apple Ave. N.W. 3.4 CITY-ST-ZIP Lake Placid, FL 33852
TITLE <input checked="" type="checkbox"/> DELETE	S KUNTZ, CATHERINE 428 VANGUARD AVE., NW SEBRING FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Lynn Montensen 4.3 STREET ADDRESS 1850 Lake Clay Dr. 4.4 CITY-ST-ZIP Lake Placid, FL 33852
TITLE <input checked="" type="checkbox"/> DELETE	TD HARRINGTON, ANN 627 APPLE AVE NW LAKE PLACID FL	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Isabel Furlong 5.3 STREET ADDRESS 1498 Kiska St. NE 5.4 CITY-ST-ZIP Lake Placid, FL 33852
TITLE <input checked="" type="checkbox"/> DELETE	S BARBER, MELVIA 264 CUMQUAT ROAD NE LAKE PLACID FL	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME Wynelle Conley 6.3 STREET ADDRESS 411 Park Ave. 6.4 CITY-ST-ZIP Lake Placid, FL 33852

4.29.96
CR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Patsy Stamm Patsy Stamm** DATE **4/10/96** DAYTIME PHONE # **941-699-0193**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)