

**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  
**627 APPLE AVE., N.W.  
LAKE PLACID FL 33852-6871  
US**

Mailing Address  
**627 APPLE AVE., N.W.  
LAKE PLACID FL 33852-6871  
US**



**700001800797**  
**-04/30/96--01026--024**  
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2. Principal Place of Business <b>21 First Presbyterian Church</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 P.O. Box 2193</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/12/1966</b>		3a. Date of Last Report <b>02/15/1995</b>	
22 <b>117 N. Oak St.</b> City & State		27 <b>Lake Placid, FL</b> City & State		4. FEI Number <b>59-2291802</b>		Applied For Not Applicable	
23 <b>Lake Placid, FL</b> Zip		28 <b>Lake Placid, FL</b> Zip		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
24 <b>33852</b> Country <b>25 USA</b>		29 <b>33862</b> Country <b>30 USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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 <b>PD</b>	<b>RENTON, JEANNE</b> 1244 LAKE CLAY DR. LAKE PLACID FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD Patsy Stamm</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b>	<b>STAMM, PATSY</b> 1559 S. WASHINGTON BLVD., N.W. LAKE PLACID FL	<input checked="" type="checkbox"/> DELETE	1.2 NAME <b>1559 S. Washington Blv. N.W.</b> 1.3 STREET ADDRESS <b>Lake Placid, FL 33852</b> 1.4 CITY-ST-ZIP
TITLE <b>V</b>	<b>ROOD, SUE</b> 617 SPRING LAKE BLVD. SEBRING FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VO Sue Rood</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b>	<b>KUNTZ, CATHERINE</b> 428 VANGUARD AVE., NW SEBRING FL	<input checked="" type="checkbox"/> DELETE	2.2 NAME <b>617 Spring Lake Blvd</b> 2.3 STREET ADDRESS <b>Sebring, FL 33870</b> 2.4 CITY-ST-ZIP
TITLE <b>TD</b>	<b>HARRINGTON, ANN</b> 627 APPLE AVE NW LAKE PLACID FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>V Ann Harrington</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b>	<b>BARBER, MELVIA</b> 264 CUMQUAT ROAD NE LAKE PLACID FL	<input checked="" type="checkbox"/> DELETE	3.2 NAME <b>627 Apple Ave. N.W.</b> 3.3 STREET ADDRESS <b>Lake Placid, FL 33852</b> 3.4 CITY-ST-ZIP
TITLE <b>S</b>	<b>KUNTZ, CATHERINE</b> 428 VANGUARD AVE., NW SEBRING FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>S Lynn Montensen</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	<b>HARRINGTON, ANN</b> 627 APPLE AVE NW LAKE PLACID FL	<input checked="" type="checkbox"/> DELETE	4.2 NAME <b>1250 Lake Clay Dr.</b> 4.3 STREET ADDRESS <b>Lake Placid, FL 33852</b> 4.4 CITY-ST-ZIP
TITLE <b>S</b>	<b>BARBER, MELVIA</b> 264 CUMQUAT ROAD NE LAKE PLACID FL	<input checked="" type="checkbox"/> DELETE	4.5 TITLE <b>TD Isabel Furlong</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b>	<b>BARBER, MELVIA</b> 264 CUMQUAT ROAD NE LAKE PLACID FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>S Wynelle Conley</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b>	<b>BARBER, MELVIA</b> 264 CUMQUAT ROAD NE LAKE PLACID FL	<input checked="" type="checkbox"/> DELETE	5.2 NAME <b>411 Park Ave.</b> 5.3 STREET ADDRESS <b>Lake Placid, FL 33852</b> 5.4 CITY-ST-ZIP

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)