FILED FILE NOW: FILING FEE IS \$61.25 May 19 1998 8:00am NONPROFIT FLORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (9) LAKE PLACID GARDEN CLUB, INC. Principal Place of Business Mailing Address FIRST PRESBYTERIAN CHURCH P.O.BOX 2193 3. Date Incorporated or Qualified 117 N.OAK ST. LAKE PLACID FL 33862 09/12/1966 LAKE PLACID FL \$3862 4. FEI Number Applied For Uŝ 59-2291802 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Sulte, Apt. #. etc. 8. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No 23 28 Country Country This corporation owes or has paid the current year Intangible 33852 Yes 24 30 Personal Property Tax due June 30. 25 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STAMM, PATSY Street Address (P.O. Box Number is Not Acceptable) 82 1559 S. WASHINGTON BLVD. N.W. Spring Lake LAKE PLACID FL 33852 City 84 Zip Code 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 (NOTE Registered Agent signature required when reinstating) stered agent and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE Addition TITLE 1.1 TITLE Sue Rood NAME STAMM, PATSY 1.2 NAME 417 Spring Lake Blr. 1559 S. WASHINGTON BLVD. N.W. 1.3 STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Maryel clare ROOD, SUE 2.2 NAME NAME 101 brange Rd NW 617 SPRING LAKE BLVD. STREET ADDRESS 2.3 STREET ADDRESS SEBRING FL 33870 Lake Placit 1-+ 33852 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE Ann Groves ROOPMAN, HOWARD NAME 3.2 NAME 229 Moonglow Are. 210 CAROLINE ST., N.W. STREET ADDRESS 3.3 STREET ADDRESS LAKE PLACID FL CITY-ST-ZIP 3.4. City-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition Addition Not Richten NAME DONAHEE, GERALDINE 4. 2 NAME 110 Murray ct. N.W. 313 FRANCIS ST. STREET ADDRESS 4.3 STREET ADDRESS **SEBRING FL** Lake Placed for 33852 CITY-ST-ZIP 4.4 DITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE Shirley Puzer FURLONG, ISABEL 5.2 NAME NAME 43 Mendowlake Cir. N. 1478 KISKA ST. N.E. STREET ADDRESS 5.3 STREET ADDRESS Lake Macid, F1 33852 LAKE PLACID FL 33852 CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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 chapped, or on an attachment with an address.

61 TITLE

6.2 NAME

6.9 STREET ADDRESS

CONLEY, WYNELLE

411 PARK AVE.

TITLE

NAME

STREET ADDRESS

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PELETE

20 A. DI 900

Ruth Busslere

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Addition

Change