


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 711473
Entity Name
LAKE PLACID GARDEN CLUB, INC.



Principal Place of Business
**LAKE PLACID WOMANS CLUB INC
21 N MAIN ST
LAKE PLACID, FL 33852 US**

Mailing Address
**P.O. BOX 2193
LAKE PLACID, FL 33862**



02142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ALEXANDER, MARGARET E PRES.
122 LOQUAT RD NE
LAKE PLACID, FL 33852**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Margaret Alexander MARGARET ALEXANDER 2/14/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

110001447930
03/08/06-80077-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP JANE, ELIZABETH 114 IDA AVENUE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP TZOUCALIS, LORRAINE 3000 ASH STREET LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS STAHR, ALICE 112 HUNTLEY OAKS BLVD LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS STOLL, NANCY 121 LAVENDER AVENUE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONLEY, WYNELLE 411 BUDDY AVENUE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Alexander MARGARET ALEXANDER 2/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 863-463-1269