


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90045 019 \*\*\*\*61.25

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



Principal Place of Business Mailing Address  
**101 PEACE AVE P.O. BOX 2193**  
**LAKE PLACID FL 33852 LAKE PLACID FL 33862**  
**US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/07)

**6. Name and Address of Current Registered Agent**  
**OTWAY, SANDRA**  
**3009 BEECH ST**  
**LAKE PLACID FL 33852**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (Type or print name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

**Make Check Payable to:**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	GLANZEL, EILEEN	253 SOUTH SUN N LAKES BLVD	LAKE PLACID FL 33852	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Sandy Otway	3009 Beech St.	Lake Placid, FL 33852	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Vice President	Rose Leoni	1120 Peachtree Dr.	Lake Placid, FL 33852	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Second Vice President	Norma Sheeran	511 Jupiter Ave. NW	Lake Placid, FL 33852	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Patsy Stamm	559 Lake August Dr.	Lake Placid, FL 33852	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Sandra Otway* **3/5/08** **863 699-1575**