

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12562

**Entity Name:** PLACID LAKES FLAMINGO VILLAS ONE HOMEOWNERS ASSOCIATION INCORPORATED

**Current Principal Place of Business:**

389 FLAMINGO RD., N.E.  
LAKE PLACID, FL 33852

**Current Mailing Address:**

691 KENILWORTH CT.  
DES PLAINES, IL 60016 US

**FEI Number: 59-2935713**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HOFFMAN, THOMAS ATREA  
389 FLAMINGO RD NE  
LAKE PLACID, FL 33852 US

*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.*

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	PRES	Title	TREA
Name	HARSTINE, DEDE	Name	HOFFMAN, THOMAS A
Address	1327 LAKE ISIS DR.	Address	691 KENILWORTH CT.
City-State-Zip:	AVON PARK FL 33825	City-State-Zip:	DES PLAINES IL 60016
Title	SEC		
Name	HOFFMAN, HEIDI M		
Address	389 FLAMINGO RD. N.E.		
City-State-Zip:	LAKE PLACID FL 33852		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: THOMAS A. HOFFMAN

TREASURER

03/03/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date