

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009124

**Entity Name:** COUNCIL OF CATHOLIC WOMEN OF LAKE PLACID, INC.

**Current Principal Place of Business:**

3380 PLACID VIEW DRIVE  
LAKE PLACID, FL 33852

**Current Mailing Address:**

P O BOX 1955  
LAKE PLACID, FL 33862-1955 US

**FEI Number:** 47-5140985

**Certificate of Status Desired:** No

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

SMART, CAROL G  
136 MELANIE DRIVE  
LAKE PLACID, FL 33852-7858 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:** CAROL G. SMART

01/30/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT / DIRECTOR  
Name            STEELE, ANNE  
Address        1 VICTORY WAY  
City-State-Zip: LAKE PLACID FL 33852-6841

Title            SECRETARY / DIRECTOR  
Name            GREEN, ANDREA  
Address        326 CLOVERLEAF ROAD  
City-State-Zip: LAKE PLACID FL 33852-8966

Title            TREASURER / DIRECTOR  
Name            SMART, CAROL G  
Address        136 MELANIE DRIVE  
City-State-Zip: LAKE PLACID FL 33852-7868

Title            VICE PRESIDENT / DIRECTOR  
Name            ROLSTON, FRANCES  
Address        12 HORSESHOE LANE  
City-State-Zip: LAKE PLACID FL 33852-6504

Title            ASSISTANT SECRETARY / DIRECTOR  
Name            MACCHIONE, MARGE  
Address        304 ENOS AVENUE  
City-State-Zip: LAKE PLACID FL 33852-9732

Title            VICE PRESIDENT / DIRECTOR  
Name            BOMBERGER, FRANCES  
Address        375 ANDERSON STREET, NE  
City-State-Zip: LAKE PLACID FL 33852-6039

Title            ASSISTANT TREASURER / DIRECTOR  
Name            MCDONALD, JUNE  
Address        107 JADE WAY  
City-State-Zip: LAKE PLACID FL 33852-9673

*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:** CAROL G. SMART

**TREASURER**

01/30/2022

Electronic Signature of Signing Officer/Director Detail

Date