

**2021 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

01/20/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT / DIRECTOR  
Name            SMART, CAROL G  
Address        136 MELANIE DRIVE  
City-State-Zip: LAKE PLACID FL 33852-7858

Title            SECRETARY / DIRECTOR  
Name            HEDGES, DIANE  
Address        224 CAPTIVA WAY, NE.  
City-State-Zip: LAKE PLACID FL 33852

Title            TREASURER / DIRECTOR  
Name            BOMBERGER, FRANCES  
Address        375 ANDERSON ST NE  
City-State-Zip: LAKE PLACID FL 33852

Title            VICE PRESIDENT / DIRECTOR  
Name            SHAUGHNESSY, MARY  
Address        1082 LAKE CARRIE DR  
City-State-Zip: LAKE PLACID FL 33852

Title            ASSISTANT SECRETARY / DIRECTOR  
Name            MACCHIONE, MARGE  
Address        104 LAUNCH ROAD NW  
City-State-Zip: LAKE PLACID FL 33852

Title            VICE PRESIDENT / DIRECTOR  
Name            LUDWIG, JACQUELINE  
Address        445 BRIGHT HILL AVENUE  
City-State-Zip: LAKE PLACID FL 33852

Title            ASSISTANT TREASURER / DIRECTOR  
Name            PRITZL, SHARON  
Address        128 APPLE AVENUE  
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:** CAROL G. SMART

**PRESIDENT**

01/20/2021

Electronic Signature of Signing Officer/Director Detail

Date