


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90293 043 \*\*\*150.00

<b>DOCUMENT # 432189</b> 1. Entity Name <b>LAKE PLACID PARK INC</b>					
Principal Place of Business <b>980 7TH ST NW #71</b> <b>LARGO, FL 33770 US</b>			Mailing Address <b>980 7TH ST NW #71</b> <b>LARGO, FL 33770 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1480889</b>	
Zip		Country		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TEEVAN, RONALD P P.A.</b> <b>200 NORTH GARDEN AVENUE</b> <b>SUITE A</b> <b>CLEARWATER, FL 33755</b>			Name <b>Condominium Association</b> Street Address (P.O. Box Number is Not Acceptable) <b>3001 EXECUTIVE DR., Ste 260</b> City <b>LARGO</b> FL Zip Code <b>33770</b>		
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 <b>4/7/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>STEINER, MICHAEL</b> <input type="checkbox"/> Delete <b>980 7TH STREET NW #19</b> <b>LARGO, FL 33770</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>TROTTIER, PHILLIP</b> <b>980 7TH STREET NW LOT #20</b> <b>LARGO, FL 33770</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VPD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DARREL CLARK</b> <b>980 7TH ST, NW # 29</b> <b>LARGO FL 33770</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>THAYER, PEGGY</b> <b>980 7TH STREET NW LOT #16</b> <b>LARGO, FL 33770</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VPD</b> <input type="checkbox"/> Delete <b>SMITH, KATHLEEN</b> <b>980 7TH STREET NW #10</b> <b>LARGO, FL 33770</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VPD</b> <input type="checkbox"/> Delete <b>BAKER, SHIRLEY</b> <b>980 7TH STREET NW #67</b> <b>LARGO, FL 33770</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>MILANO, ROBERT</b> <b>980 7TH STREET NW #36</b> <b>LARGO, FL 33770</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PHILLIP TROTTIER</b> <b>980 7TH ST. NW, # 20</b> <b>LARGO FL 33770</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: <u>Michael Steiner - President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date _____ Daytime Phone # _____</small>					