


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90016 017 \*\*\*150.00

|   |  |   |
|---|--|---|
| <b>DOCUMENT # 432189</b>                      |  |  |
| 1. Entity Name<br><b>LAKE PLACID PARK INC</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>980 7TH ST NW #71<br/>LARGO, FL 33770 US</b> | Mailing Address<br><b>980 7TH ST NW #71<br/>LARGO, FL 33770 US</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

INITIAL *JP*  
**40018010**



02162006 Chg-P CR2E034 (11/05)

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>CONDOMINIUM ASSOCIATES<br/>3001 EXECUTIVE DRIVE<br/>SUITE 260<br/>LARGO, FL 33770</b> |  | 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 | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

|  |   |   |  |
|--|---|---|--|
| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>STEINER, MICHAEL<br>980 7TH STREET NW #19<br>LARGO, FL 33770 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>CLARK, DARREL<br>980 7TH STREET, NW # 29<br>LARGO, FL 33770 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>THAYER, PEGGY<br>980 7TH STREET NW LOT #16<br>LARGO, FL 33770 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SMITH, KATHLEEN<br>980 7TH STREET NW #10<br>LARGO, FL 33770 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 2VPD<br>BAKER, SHIRLEY<br>980 7TH STREET NW #67<br>LARGO, FL 33770 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TROITAR, PHILLIP<br>980 7TH STREET NW, #20<br>LARGO, FL 33770 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|  |   | MILANO, ROBERT<br>#360                                |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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><i>Michael Steiner</i></u> | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date <u>2/17/06</u> | Daytime Phone # <u>727.593 9500</u> |
|--|--|---------------------|-------------------------------------|