


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90028 023 ***150.00

DOCUMENT # 432189 1. Entity Name LAKE PLACID PARK INC					
Principal Place of Business 980 7TH ST NW #71 LARGO, FL 33770 US			Mailing Address 980 7TH ST NW #71 LARGO, FL 33770 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3001 Executive Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 260			
City & State		City & State Clearwater, FL			
Zip	Country	Zip 33762	Country USA	4. FEI Number 59-1480889	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE SUITE 260 LARGO, FL 33770				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Clearwater FL Zip Code 33762	
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 _____ <small>Signature typed or printed name of registered agent and the filer, date. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD STEINER, MICHAEL <input type="checkbox"/> Delete 980 7TH STREET NW #19 LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD CLARK, DARREL <input type="checkbox"/> Delete 980 7TH STREET, NW # 29 LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D THAYER, PEGGY <input checked="" type="checkbox"/> Delete 980 7TH STREET NW LOT #16 LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY ST ZIP	D CLEARY, BILL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 980 7TH ST NW, LOT 44	
TITLE NAME STREET ADDRESS CITY ST ZIP	TD SMITH, KATHLEEN <input type="checkbox"/> Delete 980 7TH STREET NW #10 LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	2VPD BAKER, SHIRLEY <input type="checkbox"/> Delete 980 7TH STREET NW #67 LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D MILANO, ROBERT <input type="checkbox"/> Delete 980 7TH STREET NW, SUITE 36 LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 lists empowered.					
SIGNATURE: <u>Michael Steiner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-9-07</u> <u>727-584-3913</u> <small>Daytime Phone</small>		