

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90246 023 ****61.25

DOCUMENT #711473

1. Entity Name
LAKE PLACID GARDEN CLUB, INC.



Principal Place of Business
LAKE PLACID WOMANS CLUB INC
21 N MAIN ST
LAKE PLACID, FL 33852 US

Mailing Address
P.O. BOX 2193
LAKE PLACID, FL 33862

40000104



01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
101 Peace Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Lake Placid, FL
Zip
33852
Country
U.S.

City & State
Zip
Country

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALEXANDER, MARGARET E PRES.
122 LOQUAT RD NE
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name **Sandra Otway**
Street Address (P.O. Box Number is Not Acceptable)
3009 Beech ST
City **Lake Placid** FL Zip Code **33852**

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 **Eileen Glanzel**
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

1-4-07
DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP JANE, ELIZABETH 114 IDA AVENUE LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP TZOUCALIS, LORRAINE 3000 ASH STREET LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS STAHR, ALICE 112 HUNTLEY OAKS BLVD LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS STOLL, NANCY 121 LAVENDER AVENUE LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONLEY, WYNELLE 411 BUDDY AVENUE LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eileen Glanzel 253 S. Sun in Lakes Blvd LAKE PLACID, FL 33852 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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 **Eileen Glanzel Treasurer** **1-4-07** **863-465-3582**
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #