NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 712144

1. Corporation Name

(5)

LAKE PLACID TOURIST CLUB, INC.

Principal Place of Business Mailing Address					I INDUIT DEEDE VIEUD LIDDT DEUT EKART D	ION OYON BIDIN ONDER ONDIN OHOM BIDIK HOOF
P. O. BOX 173 CORNER PINE ST. & INTERLAKE BLVD. LAKE PLACID FL 33852 P. O. BOX 173 CORNER PINE ST LAKE PLACID FL 33852				D.		
					3. Date Incorporated or Qualified 01/24/1967	3a. Date of Last Report 03/28/1995
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26		26			59-2637025	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	hamman *		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip	· · · · · · · · · · · · · · · · · · ·		8. This corporation has liability for in	
24	25 9. Name and Address of Curre	29 ent Registered Agent	30]		Florida Statutes 10. Name and Address of New Re	Yes No
81 Name					TO. Hame and Address of Hew Fig.	Alexanda Walit
SCOTT, DIXIE H			82	Street Ad	idress (P.O. Box Number is Not Acceptable	7)
512 DEEN BLVD					Joress (F.O. DOX Number is Not Acceptable	71
	LACID, FL		83			
33852			84	'		FL 85 Zip Code
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abor registered agent, or both, in the State of Florida, Such change was authorized by the familiar with, and accept the obligations of Section 61.0507 forda Statutes. 				named corp oration's bo	poration submits this statement for the purp pard of directors. I hereby accept the appoi	ose of changing its registered office ntment as registered agent. I am
SIGNATURE	All III	NIOTO LOCA STATULES	; ,			
	Signature, typed or printed name of registered age		DTE: Registered Age	nt signature requ	ired when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	NAIRN, MARK	DELETE	1.1 TITLE			Change Addition
NAME STREET ADDRESS	157 MCCOY DR		1.2 NAME	, ADDDEGG		
CITY-ST-ZIP	LAKE PLACID, FL 00000	_	1.3 STREET	ADDRESS		
TITLE	T	PHOELETE	21 TITLE	51-28	-	Change Addition
NAME	HUGGETT, JOYCE A		2.2 NAME	1'	57 Lake Gardens	HeNN I.
STREET ADDRESS	AND I FLIGHT BOTHLING		2.3 STAEE	ADDRESS	57 Lake Gardens	DR-
CITY-ST-ZIP	LAKE PLÁČID FL 2.4		2. 4 CITY-	ST-ZIP	Lake Placid Fl.	33852
TITLE	\$,	□ 8€(ETE	3.1 TITLE		OSBUN BOTHY I	Change Addition
NAME	SHARP, ELAIMÉ		3.2 NAME	, l	57 Lake Bardens	Do
STREET ADDRESS	239 TULIP-OR	•	3.3 STREET	1 7	السميا للعا	
CITY-ST-ZIP	LAKE PLACID FL	[Clafficar	3.4. CITY -	ST-ZIP Z	ake Placid Fl.	33852
TITLE	D Sharp, W. E.	M OÉLETE	4.1 TITLE	~ " \q	Hein Ted	☐ Change ☐ Addition
NAME	239 TULLE DR.		4. 2 NAME	`	3013 NilleR AY	.
STREET ADDRESS	LAKEP PLACID FL			ADDRESS	bake Placid Fl.	
CITY-ST-ZIP	D	DELETE	4.4 CITY - S 5.1 TITLE	SI-ZIP Z	BONG FIACIA FI.	Change Addition
NAME	HUGGETT, JOHN		5.2 NAME			
STREET ADDRESS	238 LEMON RD NW		5.3 STREET	ADORESS		
CITY-ST-ZIP	LAKE PLACID FL		5.4 CITY-S	T. 71P		
TITLE	D	₩ ELETE	6.1 TITLE	7	DANALD SON TOLA	
NAME	BRENNER, TOM	-	6.2 NAME	7 (· F.	12 Lake Capteria	C
STREET ADDRESS	138 LEMON RD N. E.		6.3 STREET	ADDRESS	ya hanc buldens	DP.
CITY-ST-ZIP	LAKE PLACID FL		64 CITY-S	ST-ZIP	DONALDSON TOM. 12 Lake Gardens 12 Ke Placid Fl	33862
14 Ldo barel	or cordification the information supplies	A contain a later of the contract of the contr			the the enemation state of the Court of the Court	

1. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

Daytime Phone #

CR2E037 (12/95)