

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 712144

(5)

1. Corporation Name

LAKE PLACID TOURIST CLUB, INC.



Principal Place of Business

P. O. BOX 173
CORNER PINE ST. & INTERLAKE BLVD.
LAKE PLACID FL 33852

Mailing Address

P. O. BOX 173
CORNER PINE ST. & INTERLAKE BLVD.
LAKE PLACID FL 33852

3. Date Incorporated or Qualified
01/24/1967

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, DIXIE H
512 DEEN BLVD
LAKE PLACID, FL
33852

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **NAIRN, MARK**
STREET ADDRESS **157 MCCOY DR**
CITY-ST-ZIP **LAKE PLACID, FL 00000**

TITLE **T** ☒ DELETE

NAME **HUGGETT, JOYCE A**
STREET ADDRESS **238 LEMON RD. NW**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **S** ☒ DELETE

NAME **SHARP, ELAINE**
STREET ADDRESS **239 TULIP DR**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **D** ☒ DELETE

NAME **SHARP, W. E.**
STREET ADDRESS **239 TULIP DR.**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **D** ☐ DELETE

NAME **HUGGETT, JOHN**
STREET ADDRESS **238 LEMON RD NW**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **D** ☒ DELETE

NAME **BRENNER, TOM**
STREET ADDRESS **138 LEMON RD N. E.**
CITY-ST-ZIP **LAKE PLACID FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **T OSMUN Glenn L.**
2.3 STREET ADDRESS **57 Lake Gardens DR.**
2.4 CITY-ST-ZIP **LAKE PLACID FL 33852**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **OSBUN Betty D.**
3.3 STREET ADDRESS **57 Lake Gardens DR.**
3.4 CITY-ST-ZIP **LAKE PLACID FL 33852**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **Hein Ted**
4.3 STREET ADDRESS **3013 MILLER AV.**
4.4 CITY-ST-ZIP **LAKE PLACID FL 33852**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **DONALDSON TOM C.**
6.3 STREET ADDRESS **42 Lake Gardens DR.**
6.4 CITY-ST-ZIP **LAKE PLACID FL 33852**

14. 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), Florida 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:

Glenn L. Osmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

Date

Daytime Phone #

CR2E037 (12/95)