

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33862-01733. Date Incorporated or Qualified
01/24/19673a. Date of Last Report
02/26/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2637025

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0503, Florida Statutes.

SIGNATURE *Dixie H. Scott*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-97

12. OFFICERS AND DIRECTORS

TITLE	<i>P</i>	<input checked="" type="checkbox"/> DELETE
NAME	NAIRN, MARK	
STREET ADDRESS	157 MCCOY DR	
CITY-ST-ZIP	LAKE PLACID, FL 09000	
TITLE	<i>Tosburn, Glenn</i>	<input type="checkbox"/> DELETE
NAME	OSBURN, GLENN	
STREET ADDRESS	57 LAKE GARDENS DRIVE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	<i>D Osburn Betty</i>	<input type="checkbox"/> DELETE
NAME	OSBURN, BETTY	
STREET ADDRESS	57 LAKE GARDENS DRIVE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	<i>D</i>	<input type="checkbox"/> DELETE
NAME	HEIN, TED	
STREET ADDRESS	3013 MILLER AVENUE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> DELETE
NAME	HUGGETT, JOHN	
STREET ADDRESS	238 LEMON RD NW	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> DELETE
NAME	DONALDSON, TOM C	
STREET ADDRESS	42 LAKE GARDENS DRIVE	
CITY-ST-ZIP	LAKE PLACID FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>P</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<i>Burr W. Tucker</i>	
1.4 CITY-ST-ZIP	<i>1531 FIRST ST Lake Placid FL 33852</i>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<i>Ely, Scott</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>Ely Jeanie</i>	
5.3 STREET ADDRESS	<i>2684 ABEL Rd.</i>	
5.4 CITY-ST-ZIP	<i>Lake Placid FL 33852</i>	
6.1 TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>WINGROVE ROSS</i>	
6.3 STREET ADDRESS	<i>100 tide water DR.</i>	
6.4 CITY-ST-ZIP	<i>Lake Placid FL 33852</i>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 P. Nairn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas.

1-10-97

Date

941-699-2996
Daytime Phone # 0054111

CR2E037 (9/96)