

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712144** (5)

1. Corporation Name

**LAKE PLACID TOURIST CLUB, INC.**



Principal Place of Business	Mailing Address
P. O. BOX 173 CORNER PINE ST. & INTERLAKE BLVD. LAKE PLACID FL 33852	P. O. BOX 173 CORNER PINE ST. & INTERLAKE BLVD. LAKE PLACID FL 33852

3. Date Incorporated or Qualified	Applied For
<b>01/24/1967</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number	Not Applicable
<b>59-2637025</b>	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
<b>SCOTT, DIXIE H</b> <b>612 DEEN BLVD</b> <b>LAKE PLACID, FL</b> <b>33852</b>

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *[Signature]* DATE **4-8-98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P TUCKER, BURR W</b>
STREET ADDRESS	<b>1551 FIRST ST</b>
CITY-ST-ZIP	<b>LAKE PLACID, FL 00000</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>OSBUN, GLENN</b>
STREET ADDRESS	<b>57 LAKE GARDENS DRIVE</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>OSBUN, BETTY</b>
STREET ADDRESS	<b>57 LAKE GARDENS DRIVE</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HEIN, TED</b>
STREET ADDRESS	<b>3013 MILLER AVENUE</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D ELY, JEANIE</b>
STREET ADDRESS	<b>2684 ABEL RD</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D ROSS, WINGROVE</b>
STREET ADDRESS	<b>100 TIDEWATER DR</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HUGGETT, JOYCE A</b>
2.3 STREET ADDRESS	<b>238 LEMON RD. N.W.</b>
2.4 CITY-ST-ZIP	<b>LAKE PLACID, FL. 33852</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ROYCE, GORDEN</b>
3.3 STREET ADDRESS	<b>5 TWIN LAKES RD.</b>
3.4 CITY-ST-ZIP	<b>LAKE PLACID, FL. 33852</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ELY, CHET</b>
5.3 STREET ADDRESS	<b>2684 ABEL RD</b>
5.4 CITY-ST-ZIP	<b>LAKE PLACID, FLA. 33852</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **4-8-98 941-1099-0938**

CR2E037 (10/97)