


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90054 001 ****61.25

DOCUMENT # 712144	
1. Entity 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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01162004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2637025	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HEIN, TOD 3013 MILLER AVE LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P.	<input type="checkbox"/> Delete
NAME	ROYCE, GORDON	
STREET ADDRESS	5 TWIN LAKES RD	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	T.	<input type="checkbox"/> Delete
NAME	HUGGETT, JOYCE A	
STREET ADDRESS	238 LEMON RD NW	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D.	<input checked="" type="checkbox"/> Delete
NAME	FRANTOM, REX	
STREET ADDRESS	16 BOB WHITE TR	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D.	<input type="checkbox"/> Delete
NAME	NAIRN, MARK	
STREET ADDRESS	157 MCCOY DR	
CITY-ST-ZIP	LAKE PLACID, FL	
TITLE	D.	<input type="checkbox"/> Delete
NAME	HUGGETT, JOHN	
STREET ADDRESS	238 LEMON RD NW	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D.	<input type="checkbox"/> Delete
NAME	LANG, PAUL	
STREET ADDRESS	3058 AZALEA LN	
CITY-ST-ZIP	LAKE PLACID, FL 33852	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirtz, Jack	
STREET ADDRESS	129 Lime Rd NE.	
CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: <i>Joyce A. Huggett</i>	2-25-04	Date	Daytime Phone #
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