


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 712144</b> 1. Entity Name LAKE PLACID TOURIST CLUB, INC.	
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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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01072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  HEIN, TOD 3013 MILLER AVE LAKE PLACID, FL 33852
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000263247  
03/14/05-80085-022 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROYCE, GORDON 5 TWIN LAKES RD LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HUGGETT, JOYCE A 238 LEMON RD NW LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRTZ, JACK 129 LIME RD. NE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAIRN, MARK 157 MCCOY DR LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUGGETT, JOHN 238 LEMON RD NW LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANG, PAUL 3058 AZALEA LN LAKE PLACID, FL 33852

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mar 11, 2005*  
Date

Daytime Phone #