

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90176 002 \*\*\*\*61.25

<b>DOCUMENT # 712144</b> 1. Entity Name <b>LAKE PLACID TOURIST CLUB, INC.</b>																																			
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																																
2. Principal Place of Business			3. Mailing Address																																
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																
City & State			City & State																																
Zip		Country	Zip		Country																														
4. FEI Number <b>59-2637025</b>				Applied For <input type="checkbox"/> Not Applicable																															
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																															
6. Name and Address of Current Registered Agent  <b>HEIN, TOD</b> <b>3013 MILLER AVE</b> <b>LAKE PLACID, FL 33852</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																															
Make check payable to <b>Florida Department of State</b>																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">ROYCE, GORDON</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>5 TWIN LAKES RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>LAKE PLACID, FL 33852</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Hein Ted</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>3013 Miller Ave.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>LAKE PLACID FL 33852</td> <td></td> </tr> </table> </div> </div>						TITLE	P	NAME	ROYCE, GORDON	<input checked="" type="checkbox"/> Delete	STREET ADDRESS			5 TWIN LAKES RD		CITY-ST-ZIP			LAKE PLACID, FL 33852		TITLE	P	NAME	Hein Ted	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			3013 Miller Ave.		CITY-ST-ZIP			LAKE PLACID FL 33852	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.																																			
<b>SIGNATURE:</b> <i>John Huggett</i> <b>John Huggett</b> <b>4-19-06</b> <b>863-6990938</b>																																			