

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712144

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** LAKE PLACID TOURIST CLUB, INC.

**Current Principal Place of Business:**

P. O. BOX 173  
CORNER PINE ST. & INTERLAKE BLVD.  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 173  
CORNER PINE ST. & INTERLAKE BLVD.  
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number:** 59-2637025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEIN, TOD  
3013 MILLER AVE  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HEIN, TED  
Address: 3013 MILLER AVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: T ( ) Delete  
Name: HALL, BETTY M  
Address: 36 CHICKASAW ST  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: GORDON, ROYCEE  
Address: 9 PINE CREST ST  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: NAIRN, MARK  
Address: 157 MCCOY DR  
City-St-Zip: LAKE PLACID, FL

Title: D ( ) Delete  
Name: HUGGETT, JOHN  
Address: 238 LEMON RD NW  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: LANG, PAUL  
Address: 3058 AZALEA LN  
City-St-Zip: LAKE PLACID, FL 33852

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HUGGETT

D

02/05/2009

Electronic Signature of Signing Officer or Director

Date