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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCU 1. Corporat	JMENT # 741833	3 (8)				
PROP GE O	PERTY OWNERS OF SUN 'N F LAKE PLACID, INC.	LAKE ESTATES AND	ACREA) 1 ipania daria araba darah darah darah darah dikarah	YA ANAN SISHI SISIA SISIA SISIA SISIA SISIA	
Principal Pla	ice of Business	Mailing Address				
107 TULIP DRIVE P. O. BOX 1187 LAKE PLACID FL 33852 112 EVENTIDE AVE US LAKE PLACID FL 33862						
2 Principal I	Place of Business	US		3. Date Incorporated or Qualified 02/27/1978	3a. Date of Last Report 04/12/1995	
21		2a. Mailing Address 26		4. FEI Number 59-2881377	Applied For Not Applicable	
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & Sta	ate	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Ζφ 24	Country 25	Zip 29	Country 30	8. This corporation has liability for inta	angible tax under s. 199.032,	
	Name and Address of Current	Registered Agent		10. Name and Address of New Reg	Yes No	
129 DEI LAKE PI 11. Pursuant or registe familiar w	min, and accept the obligations of, Section	n 617.0503, Florida Statutes.	82 Street 83 84 City	PENROD, JIM Add Less (P.O. Box Number is Not Acceptable) 108 EVENTIDE AV. LAKE PLACID orporation submits this statement for the purpose a board of directors. I hereby accept the appoint	FL 85 Zip Code 33852 se of changing its registered office ment as registered agent. I am	
12.	JIM_PENROD , _PRESIDEN; Signature, typed or printed name of registered agent ar OFFICERS AND	id title if applicable (NOTe	E. Rogistered Agont signature		DATE G	
TITLE	V	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MAGOON, JANICE 176 SARASOTA ST LAKE PLACID FL	_	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V TOUSIGNANT , MARGE 148 HAPPINESS AV. LAKE PLACID, FL 33852	RS AND DIRECTORS IN 12 Change Addition X Change Addition	
NAME STREET ADDRESS CHY-S1-ZIP	CAMPBELL, FRED 129 DELTA AVENUE LAKE PLACID FL	DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP	P PENROD, JIM 108 EVENTIDE AV.	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HERNANDEZ, BERNICE 145 EVENTIDE AVENUE LAKE PLACID FL	□ŒLETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-2IP	-IAKE PIACID, FL. 33852	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUFF, BARBARA 109 BLUE MOON AVENUE LAKE PLACID FL	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST-7IP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Willis, Dave 128 Dardanella Avenu Lake Placid Fl D	DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-S1-ZIP	D DEMBINSKI, PAT 116 DARDANELLA AV. JAKE PLACID, FL. 33852	☑ Change ☐ Addition	
NAME Street Address City-St-Zip	CRANDALL, JACK 216 PHANTASY AVE LAKE PLACID FL	□DELETE ,	61 TITLE 62 NAME 6.3 STREET ADDRESS 64 CITY-SI-ZIP	22 M. C. I. R. I. P. T. 11	☐ Change ☐ Addition	

I. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if planged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERNICE HERNANDEZ, TREASURER

4-1-96

941 699-0506 Daytime Prioris #