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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741833** **(8)**

1. Corporation Name

PROPERTY OWNERS OF SUN 'N LAKES OF LAKE PLACID R ECREATION DISTRICT, INC.

Principal Place of Business	Mailing Address
107 TULIP DRIVE LAKE PLACID FL 33852 US	P. O. BOX 1187 112 EVENTIDE AVE LAKE PLACID FL 33862-1187 US

3. Date Incorporated or Qualified: 02/27/1978
3a. Date of Last Report: 04/05/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-2881377 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PENROD, JIM
108 EVENTIDE AVENUE
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Jim Penrod Feb 24, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOUSIGNANT, MARGE		1.2 NAME		
STREET ADDRESS	148 HAPPINESS AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PENROD, JIM		2.2 NAME		
STREET ADDRESS	108 EVENTIDE AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	HERNANDEZ, BERNICE		3.2 NAME	HALL, KATHRYN	
STREET ADDRESS	145 EVENTIDE AVENUE		3.3 STREET ADDRESS	232 MELODY COURT	
CITY-ST-ZIP	LAKE PLACID FL		3.4 CITY-ST-ZIP	LAKE PLACID, FL	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUFF, BARBARA		4.2 NAME		
STREET ADDRESS	109 BLUE MOON AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DEMBINSKI, PAT		5.2 NAME		
STREET ADDRESS	116 DARDANELLA AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CRANDALL, JACK		6.2 NAME		
STREET ADDRESS	216 PHANTASY AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

(941)465-2834

SIGNATURE: Kathryn Hall, Treasurer Feb 24, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064133