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FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741833** (8)

1. Corporation Name

PROPERTY OWNERS OF SUN 'N LAKES OF LAKE PLACID RECREATION 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
US**

3. Date Incorporated or Qualified

02/27/1978

4. FEI Number

59-2881377

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PENROD, JIM
108 EVENTIDE AVENUE
LAKE PLACID FL 33852**

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 617.1503, 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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE
NAME **TOUSIGNANT, MARGE**
STREET ADDRESS **148 HAPPINESS AVENUE**
CITY-ST-ZIP **LAKE PLACID FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **PENROD, JIM**
STREET ADDRESS **108 EVENTIDE AVENUE**
CITY-ST-ZIP **LAKE PLACID FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **HALL, KATHRYN**
STREET ADDRESS **232 MELODY CT**
CITY-ST-ZIP **LAKE PLACID FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **HERNANDEZ, BERNICE**
3.3 STREET ADDRESS **145 EVENTIDE AV.**
3.4 CITY-ST-ZIP **LAKE PLACID, FL. 33852**

TITLE **S** ☐ DELETE
NAME **HUFF, BARBARA**
STREET ADDRESS **109 BLUE MOON AVENUE**
CITY-ST-ZIP **LAKE PLACID FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DEMBINSKI, PAT**
STREET ADDRESS **116 DARDANELLA AVENUE**
CITY-ST-ZIP **LAKE PLACID FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **TOM McNAMARA**
5.3 STREET ADDRESS **728 LAKE BETTY DR.**
5.4 CITY-ST-ZIP **LAKE PLACID, FL. 33852**

TITLE **D** ☐ DELETE
NAME **CRANDALL, JACK**
STREET ADDRESS **216 PHANTASY AVE**
CITY-ST-ZIP **LAKE PLACID FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE: **BERNICE HERNANDEZ**

Bernice Hernandez Treas 02-18-98

CR2E037 (10/97)