FILE NOW: FILING FEE IS $61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90255 045 ****61.25

0058270

223139 - 90255 - 45

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741833**

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 US

2. Principal Place of Business 21	2a. Mailing Address 26 P.O Box 1187	3. Date Incorporated or Qualifed 02/27/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2881377 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 LAKE PLACID, FL.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33862 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.1508, 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 _____ _____ 3/10/99
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	V	☒ Change ☐ Addition
NAME	TOUSIGNANT, MARGE		1.2 NAME	Max Travis	
STREET ADDRESS	148 HAPPINESS AVENUE		1.3 STREET ADDRESS	104 Ida Av.	
CITY-ST-ZIP	LAKE PLACID FL		1.4 CITY-ST-ZIP	Lake Placid, Fl. 33852	
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		☐ Change ☐ Addition
NAME	HERNANDEZ, BERNICE		3.2 NAME		
STREET ADDRESS	145 EVENTIDE AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		3.4 CITY-ST-ZIP		
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	TOM MCNAMARA		5.2 NAME		
STREET ADDRESS	728 LAKE BETTY DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	CRANDALL, JACK		6.2 NAME	Nell Sherman	
STREET ADDRESS	216 PHANTASY AVE		6.3 STREET ADDRESS	127 Blue Moon Av.	
CITY-ST-ZIP	LAKE PLACID FL		6.4 CITY-ST-ZIP	Lake Placid, Fl. 33852	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 3-10-99 941-6990506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PENROD, JIM