

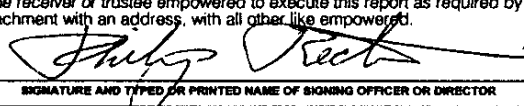


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90013 005 ****61.25

DOCUMENT # 741833 1. Entity Name PROPERTY OWNERS OF SUN 'N LAKES OF LAKE PLACID RECREATION DISTRICT, INC.					
Principal Place of Business 107 TULIP DRIVE LAKE PLACID, FL 33852 US			Mailing Address P. O. BOX 1187 LAKE PLACID, FL 33862 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2881377	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARINE, DON 116 AUTUMN TERRACE LAKE PLACID, FL 33852			7. Name and Address of New Registered Agent Name RECTOR, PHILIP Street Address (P.O. Box Number is Not Acceptable) 112 SUN FISH LN. City LAKE PLACID FL Zip Code 33852		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINE, DON 116 AUTUMN TERRACE LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RECTOR, PHILIP 112 SUN FISH LN LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARINE, DON 116 AUTUMN TERRACE LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLANZEL, PAUL 253 S SUN N LAKES BLVD LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILCOX, FRANCES 124 TEMPTATION LANE LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. BRANCH, PEGGY 169 AUTUMN AVE LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EURES, LEIGH S 327 SUN 'N LAKES BLVD LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REASON, MARIANNE 146 BLUE MOON AVE. LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOWAN, ED 123 MELODY COURT LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/8/2007 863-461-7588 <small>Date Daytime Phone #</small>		