

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741833

FILED
Feb 09, 2009
Secretary of State

Entity Name: PROPERTY OWNERS OF SUN 'N LAKES OF LAKE PLACID RECREATION DISTRICT, INC.

Current Principal Place of Business:

107 TULIP DRIVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

440 S SUN N LAKES BLVD
LAKE PLACID, FL 33852 US

Current Mailing Address:

P. O. BOX 1187
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-2881377 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCOTT, BILL
304 LAKE BETTY DR.
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

GLANZEL, PAUL V
253 S SUN N LAKES BLVD.
LAKE PLACID, FL 33852 US

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.

SIGNATURE: PAUL V. GLANZEL

02/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCOTT, BILL
Address: 304 LAKE BETTY DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: VP () Delete
Name: GLANZEL, PAUL
Address: 253 S SUN N LAKES BLVD
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: BRANCH, PEGGY
Address: 169 AUTUMN AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: REASON, MARIANNE
Address: 146 BLUE MOON AVE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GLANZEL, PAUL
Address: 253 S SUN N LAKES BLVD.
City-St-Zip: LAKE PLACID, FL 33852

Title: VP (X) Change () Addition
Name: WALTERS, DAVID
Address: 101 RHAPSODY LA.
City-St-Zip: LAKE PLACID, FL 33852

Title: T (X) Change () Addition
Name: HUFF, BARBARA
Address: 109 BLUE MOON AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: S (X) Change () Addition
Name: TOUSIGNANT, MARGE
Address: 148 HAPPINESS AVE
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL V GLANZEL

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date