

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90074 030 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2881377**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHIE, JACK
131 TEMPTATION COURT
LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

Name **NOLA FRICK**

Street Address (P.O. Box Number is Not Acceptable)
112 HONEYSUCKLE LANE

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

Nola R. Frick

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

(NOTE: Registered Agent signature required when reinstating)

Jan 14-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **P** ☒ Delete
NAME **RICHIE, JACK**
STREET ADDRESS **131 TEMPTATION COURT**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **P** ☐ Change ☒ Addition
NAME **NOLA FRICK**
STREET ADDRESS **112 HONEYSUCKLE LANE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **V** ☒ Delete
NAME **GALLAGHER, DON**
STREET ADDRESS **227 TEMPTATION LANE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **V** ☐ Change ☒ Addition
NAME **PEDRO QUINONES**
STREET ADDRESS **109 APPLE TREE AVENUE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **T** ☐ Delete
NAME **WILCOX, FRANCES**
STREET ADDRESS **124 TEMPTATION LANE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **T** ☐ Change ☐ Addition
NAME **LEIGH S. EURES**
STREET ADDRESS **327 SUN 'N LAKES BLVD.**
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**

TITLE **S** ☐ Change ☒ Addition
NAME **LEIGH S. EURES**
STREET ADDRESS **327 SUN 'N LAKES BLVD.**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **D** ☐ Delete
NAME **TOM MCNAMARA**
STREET ADDRESS **728 LAKE BETTY DR**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☐ Change ☐ Addition
NAME **HAROLD BOATWRIGHT**
STREET ADDRESS **140 IDA AVENUE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **D** ☒ Delete
NAME **SHERMAN, NELL**
STREET ADDRESS **127 BLUE MOON AV**
CITY-ST-ZIP **LAKE PLACID FL**

12. 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 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:

SIGNATURE REQUIRED

Frances Wilcox 1-16-02 863-465-6203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)