


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90100 028 \*\*\*\*61.25

<b>DOCUMENT # 742928</b> 1. Entity Name <b>PLACID LAKES HOME AND PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 2010 JEFFERSON AVENUE LAKE PLACID, FL 33852 US			Mailing Address 2010 JEFFERSON AVENUE LAKE PLACID, FL 33852 US		
2. Principal Place of Business <b>2010 Placid Lakes Blvd.</b> Suite, Apt. #, etc.			3. Mailing Address <b>2010 Placid Lakes Blvd.</b> Suite, Apt. #, etc.		
City & State <b>Lake Placid, Fl</b> Zip <b>33852</b>		City & State <b>Lake Placid, Fl</b> Zip <b>33852</b>		4. FEI Number <b>59-1972175</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAYLES, WILLIAM C.E.</b> <b>740 MUSTANG AVENUE N.W.</b> <b>LAKE PLACID, FL 33852</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARE, MARYEL 101 ORANGE ROAD N.W. LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Duby, Pat 104 Tangerine Road Lake Placid, FL 33852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAYLES, WILLIAM C.E. 740 MUSTANG AVENUE N.W. LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRISTA, DAVID 123 LAKE JUNE ROAD N.E. LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWEKE, KEITH 318 LAKE GROVES ROAD N.E. LAKE PLACID, FL 33852		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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 live empowers.					
<b>SIGNATURE: WILLIAM C.E. SAYLES, President January 29, 2005 863-699-6773</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

WILLIAM C.E.