2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 742928

1. Entity Name
PLACID LAKES HOME AND PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2010 PLACID LAKES BOULEVARD LAKE PLACID, FL 33852 US	2010 PLACID LAKES BOULEVARD LAKE PLACID, FL 33852 US

01252006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-1972175
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAYLES, WILLIAM C.E.
740 MUSTANG AVENUE N.W.
LAKE PLACID, FL 33852

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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

Filing Fee is $61.25
Due by May 1, 2006

9. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** *May Be* Added to Fees

100000423752
02/18/06-80010-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUBY, PAT
STREET ADDRESS	104 TANGERINE ROAD
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	PD
NAME	SAYLES, WILLIAM C.E.
STREET ADDRESS	740 MUSTANG AVENUE N.W.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	KRISTA, DAVID
STREET ADDRESS	123 LAKE JUNE ROAD N.E.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	LOWEKE, KEITH
STREET ADDRESS	318 LAKE GROVES ROAD N.E.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: William C.E. Sayles January 29, 2006 863-699-6773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #