

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-10-2003 90123 026 ****61.25

DOCUMENT # 742928

1. Entity Name

PLACID LAKES HOME AND PROPERTY OWNERS ASSOCIATION, INC.



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

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 **59-1972175**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLUNKETT, JOHN W.
141 LIME ROAD NE
LAKE PLACID FL 33852**

Name

William C.E. Sayles

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

740 Mustang Avenue NW

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **SD** ☐ Delete
NAME **KURTZ, ROMAYNE**
STREET ADDRESS **123 LIME ROAD NE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **PLUNKETT, JOHN W.**
STREET ADDRESS **270 TANGERINE RD NW**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **P D** ☒ Change ☐ Addition
NAME **Sayles, William C.E.**
STREET ADDRESS **740 Mustang Avenue NW**
CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **VP** ☐ Delete
NAME **SAYLES, WILLIAM**
STREET ADDRESS **740 MUSTANG NW**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **VP D** ☐ Change ☒ Addition
NAME **Chen, Ping**
STREET ADDRESS **700 Jersey Street NE**
CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **T** ☐ Delete
NAME **GENE, KAROLL**
STREET ADDRESS **344 ANDERSON STREET NE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 3/2003

Date

Daytime Phone #

(863) 699-6773

CR2E037 (10/02)