FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:12

DOCUMENT # 746021 (5)

1. Corporation Name
PLACID RECREATIONAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5115 CANDLEWOOD COURT LAKE WORTH FL 33467	5115 CANDLEWOOD COURT LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1979
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2167480 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EPSTEIN, NATHAN A.
8285 WHITEWOOD COVE EAST
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name: MARCOALDI, JANET
82 Street Address (P.O. Box Number is Not Acceptable): 5080 WHITEWOOD WAY
83
84 City: LAKE WORTH FL 85 Zip Code: 33467

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JANET MARCOALDI (Signature, typed or printed name of registered agent and title if applicable.) Janet Marcoaldi (Signature required when reinstating) DATE: 2/3/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	HUNT, TOM	1.2 NAME	GANT, TAMARA	
STREET ADDRESS	5104 CHELAN WAY	1.3 STREET ADDRESS	5095 WHITEWOOD WAY	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	CHERNACK, JACK	2.2 NAME	MCELROY, DEBORAH	
STREET ADDRESS	5194 CANDLEWOOD COURT	2.3 STREET ADDRESS	8244 WINNEPESAUKEE WAY	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	GANT, TAMARA	3.2 NAME	BERMANN, SUSAN	
STREET ADDRESS	5095 WHITEWOOD WAY	3.3 STREET ADDRESS	8210 WHITEWOOD COVE E	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	LK WORTH, FL 33467	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	MARCOALDI, JANET	4.2 NAME		
STREET ADDRESS	5080 WHITEWOOD WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	HERTEL, ART	5.2 NAME	WEBSTER, BARBARA	
STREET ADDRESS	5107 WHITEWOOD WAY	5.3 STREET ADDRESS	5170 WHITEWOOD COVE S.	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	LK WORTH, FL 33467	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SCHUCK, AL	6.2 NAME	GLICK, EDITH	
STREET ADDRESS	8295 WINNEPESAUKEE WAY	6.3 STREET ADDRESS	5053 OUACHITA DR	
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	LK WORTH, FL 33467	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet Marcoaldi 2/10/95 Date 407-967-3430 (Daytime Phone #)
(SIGNATURE REQUIRED) PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JANET G MARCOALDI

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