

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90008 034 ****61.25

DOCUMENT # 746021 1. Entity Name PLACID RECREATIONAL ASSOCIATION, INC.					
Principal Place of Business 5115 CANDLEWOOD CT LAKE WORTH, FL 33467			Mailing Address 5115 CANDLEWOOD COURT LAKE WORTH, FL 33467		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2167480	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKER, KRIVOK & STOLOFF, PA 1818 AUSTRALIAN AVE SOUTH STE 400 WEST PALM BEACH, FL 33414			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D CHERNACK, JACOB 5194 CANDLEWOOD CT LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EINSTEDE, GARY 8235 WINNIPESAUKEE WAY LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEBSTER, BARBARA 5170 WHITEWOOD COVE S LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERRO, CYNTHIA 8196 WACCAMAW LANE E. LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARCOALDI, JANET 5080 WHITEWOOD WAY LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONA, ROSEMARY 5088 CHELAN WAY LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRO, CYNTHIA 8196 WACCAMAW LANE EAST LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBSTER, BARBARA 5170 WHITEWOOD COVE S. LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHBEIN, DAVID 8265 WHITEWOOD COVE E LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCOALDI, JANET 5080 WHITEWOOD WAY LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLASS, DEBBIE 5059 CHELAN WAY LAKE WORTH, FL 33467	<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 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:			3-3-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		