

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746021

FILED  
Jun 15, 2009  
Secretary of State

**Entity Name:** PLACID RECREATIONAL ASSOCIATION, INC.

**Current Principal Place of Business:**

<UNUSED>  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

5115 CANDLEWOOD COURT  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 59-2167480      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DICKER, KRIVOK &STOLOFF,PA  
1818 AUSTRALIAN AVE SOUTH  
STE 400  
WEST PALM BEACH, FL 33414 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EINSTEDER, GARY  
Address: 8235 WINNIPESAUKEE WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD ( ) Delete  
Name: FERRO, CYNTHIA  
Address: 8196 WACCAMAW LANE E  
City-St-Zip: LAKE WORTH, FL 33467

Title: T D ( ) Delete  
Name: SPEER, EWART  
Address: 8244 WINNIPESAUKEE WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: BERMANN, SUE  
Address: 8210 WHITEWOOD COVE EAST  
City-St-Zip: LAKE WORTH, FL 33467

Title: S D ( ) Delete  
Name: GLASS, DEBBIE  
Address: 5059 CHELAN WAY  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE GLASS

SD

06/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date