

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **752373**

(1)

1. Corporation Name

**LAKE PLACID BOARD OF REALTORS, INC.**

**800001763108**

-03/29/96--01086--027

\*\*\*61.25



Principal Place of Business

**301 INTERLAKE BLVD.  
LAKE PLACID FL 33852-7188  
US**

Mailing Address

**PO BOX 188  
PO BOX 188  
LAKE PLACID FL 33852-7188  
US**

3. Date Incorporated or Qualified

**05/06/1980**

3a. Date of Last Report

**02/10/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2000094**

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SHEEHAN, J. TIMOTHY  
234 CENTRAL AVE.  
LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**CARTER, RONNIE  
457 THISELDO LN  
LAKE PLACID FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

**LABANOWITZ, GAYLE  
307 INTERLAKE BLVD  
LAKE PLACID FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**RUSELL, MELISSA  
847 US 27 SOUTH  
LAKE PLACID FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

**GONZALEZ, HEDY  
253 MOONGLOW AVE.  
LAKE PLACID FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**WARNER, JEANNE  
2203 US 27 NORTH  
LAKE PLACID FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

**EDWARDS, CAROL  
2203 US 27 NO.  
LAKE PLACID FL**

☒ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sandra Carter Association Exec. 1/22/96 (940)-465-3444**

Date

Daytime Phone #

CR2E037 (12/95)

3-27-1996