

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 24 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 301 INTERLAKE BLVD. LAKE PLACID FL 33852-7188 US | PO BOX 188 PO BOX 188 LAKE PLACID FL 33862-0188 US |

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/06/1980 | 3a. Date of Last Report 03/29/1996 |
|--|--|

| | | | |
|--------------------------------|---------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-2000094 | Applied For <input type="checkbox"/> Not Applicable |
| 21 | 26 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 22 | 27 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| City & State | City & State | | |
| 23 | 28 | | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CARTER, RONNIE | 1.2 NAME | Cove, Michael J. |
| STREET ADDRESS | 518 U.S. 27 SOUTH | 1.3 STREET ADDRESS | 518 U.S. 27 South |
| CITY-ST-ZIP | LAKE PLACID FL | 1.4 CITY-ST-ZIP | Lake Placid, FL 33852 |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUEDDE, JEAN | 2.2 NAME | |
| STREET ADDRESS | 301 INTERLAKE DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE PLACID FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUSSELL, MELISSA | 3.2 NAME | Russell, Melissa |
| STREET ADDRESS | 847 US 27 SOUTH | 3.3 STREET ADDRESS | 847 U.S. 27 South |
| CITY-ST-ZIP | LAKE PLACID FL | 3.4 CITY-ST-ZIP | Lake Placid, FL 33852 |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TURVEY, JIM | 4.2 NAME | Gayle Labanowitz |
| STREET ADDRESS | 518 U.S. 27 SOUTH | 4.3 STREET ADDRESS | 518 U.S. 27 South |
| CITY-ST-ZIP | LAKE PLACID FL | 4.4 CITY-ST-ZIP | Lake Placid, FL 33852 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WARNER, JEANNE | 5.2 NAME | |
| STREET ADDRESS | 2203 US 27 NORTH | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE PLACID FL 33852 | 5.4 CITY-ST-ZIP | |
| TITLE | AED <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARTER, SANDRA | 6.2 NAME | |
| STREET ADDRESS | 301 INTERLAKE BLVD. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE PLACID FL | 6.4 CITY-ST-ZIP | |

14. I do 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 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 **Sandra Carter**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 (941) 465-3444
Date Daytime Phone # 0054112

CR2E037 (9/96)