## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 752373**

1. Corporation Name

LAKE PLACID BOARD OF REALTORS, INC.

Principal Place of Business

STREET ADDRESS

SIGNATURE:

301 INTERLAKE BLVD.

LAKE PLACID FL

Mailing Address

## **FILED** Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90141 027 \*\*\*\*61.25

$ 1 \land 1$	aco of Business Pock Au	2a. Mailing Address			3. Date Incorporated or Qualifed 05/06/1980		
Suite, Apt.	COLLUCTIVE	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For
22 LAK	Placid EL	27			59-2000094	No	t Applicable
City & State City & State 28				.,	5. Certifcate of Status Desired	\$8.75 A	
Zip	Country 25 US	Zip Cour 29 30			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	•
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Regis	stered Agent	
	Traine and Address of Paristic		81	Name			
SHEEHAN, J. TIMOTHY				82 Street Address (P.O. Box Number is Not Acceptable)			
234 CENTRAL AVE. LAKE PLACID FL 33852			83				
LANE PLA	DID FE 33032		84	City	<u> </u>	85 Zip (	Code
				L	the state and for the pure	FL	registered
office or re	o the provisions of Sections 617.0502 ogistered agent, or both, in the State on In familiar with, and accept the obligati	it Florida. Slich change was aut	ionzeu by	tile colbolatic	oration submits this statement for the purpon's board of directors. I hereby accept the	e appointment as re	gistered
SIGNATURE		(NOTE: D	:	d signatura mayira	d when reinstating)	DATE	<del></del> } .
Congression, types of printed fields of register of Fig.			13.	it signatura requise	ADDITIONS/CHANGES TO OFFICE		RS IN 12
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CITY-ST-ZIP	518 US 27 S LAKE PLACID FL TD. /	DELETE		1 1	HTOWER STUIT AKEPLACID, FL 338! Jasure	SA Change	☐ Addition
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CITY-ST-ZIP I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP