

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

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

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DOCUMENT # 752373

1. Corporation Name

LAKE PLACID BOARD OF REALTORS, INC.

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



2. Principal Place of Business

21 **124 East Park Ave**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 **Lake Placid, FL**

27 City & State

23 **33852**

28 Zip

24 Country **US**

29 Country

30

3. Date Incorporated or Qualified

05/06/1980

4. FEI Number

59-2000094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE **P**
NAME **COVE, MICHAEL J**
STREET ADDRESS **518 US 27 S**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **TD**
NAME **LUEDE, JEAN**
STREET ADDRESS **301 INTERLAKE DR.**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **VP**
NAME **RUSSELL, MELISSA**
STREET ADDRESS **847 US 27 SOUTH**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **D**
NAME **LABONOWITZ, GAYLE**
STREET ADDRESS **518 US 27 S**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **D**
NAME **WARNER, JEANNE**
STREET ADDRESS **2203 US 27 NORTH**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **AED**
NAME **CARTER, SANDRA**
STREET ADDRESS **301 INTERLAKE BLVD.**
CITY-ST-ZIP **LAKE PLACID FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President
Rudd, Evelyn
4 Tower Street
Lake Placid, FL 33852

Treasurer
Polk, Carole
2203 U.S. 27 North
Lake Placid, FL 33852

☒ Change

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14. 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.

SIGNATURE: **Sandra Carter** **2/15/99** **941-465-3444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)