

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90137 012 \*\*\*\*61.25

**DOCUMENT # 752373**

1. Entity Name  
**LAKE PLACID BOARD OF REALTORS, INC.**



Principal Place of Business  
**124 EAST PARK AVE  
LAKE PLACID, FL 33852 US**

Mailing Address  
**PO BOX 188  
PO BOX 188  
LAKE PLACID, FL 33852-7188 US**

**50008889**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2000094**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Delete  
NAME **CLARK, SUE**  
STREET ADDRESS **2203 US 27 N**  
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **Jim Otterman** ☐ Change ☐ Addition  
NAME **2203 US 27 North**  
STREET ADDRESS **Lake Placid, Fl. 33852**  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **CARROLL, LINDA**  
STREET ADDRESS **1110 US 27 N**  
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **VP** ☐ Change ☐ Addition  
NAME **Marie Claire Hoy**  
STREET ADDRESS **505 W. Interlake Blvd**  
CITY-ST-ZIP **Lake Placid, Fl. 33852**

TITLE **P** ☒ Delete  
NAME **LABANOWITZ, GAYLE**  
STREET ADDRESS **1843 US 27 NORTH**  
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **P** ☐ Change ☐ Addition  
NAME **Bonnie Carter**  
STREET ADDRESS **801 US 27 North**  
CITY-ST-ZIP **Lake Placid, Fl. 33852**

TITLE **D** ☒ Delete  
NAME **MALLOY-THORPE, DEBBIE**  
STREET ADDRESS **36 N. MAIN ST**  
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **D** ☐ Change ☐ Addition  
NAME **Jean Deuth**  
STREET ADDRESS **505 W. Interlake Blvd.**  
CITY-ST-ZIP **Lake Placid, Fl. 33852**

TITLE **D** ☒ Delete  
NAME **DEUTH, JEAN**  
STREET ADDRESS **513 W. INTERLAKE BLVD**  
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **D** ☐ Change ☐ Addition  
NAME **Donald Elliott**  
STREET ADDRESS **801 US 27 North**  
CITY-ST-ZIP **Lake Placid, Fl. 33852**

TITLE **AED** ☒ Delete  
NAME **ALLEN, SANDRA**  
STREET ADDRESS **124 E. PARK AVE**  
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **AED** ☐ Change ☐ Addition  
NAME **Wendy Sullivan**  
STREET ADDRESS **124 E. Park Avenue**  
CITY-ST-ZIP **Lake Placid, Fl. 33852**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Susan L. Compton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SUSAN L. Compton**

**1/28/05** <sup>863</sup>  
Date Daytime Phone **465 3444**