


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90013 042 \*\*\*\*61.25

<b>DOCUMENT # 752373</b> 1. Entity Name <b>LAKE PLACID BOARD OF REALTORS, INC.</b>					
Principal Place of Business <b>124 EAST PARK AVE LAKE PLACID, FL 33852 US</b>			Mailing Address <b>PO BOX 188 PO BOX 188 LAKE PLACID, FL 33852-7188 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01292006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-2000094</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHEEHAN, J. TIMOTHY 234 CENTRAL AVE. LAKE PLACID, FL 33852</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T OTTERMAN, JIM 2203 US 27 N LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT JEANNE WARNER 518 US HWY 27 S LK PLACID FL 33852</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HOY, MARIE CLAIRE 505 W INTERLAKE BLVD LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Delete <i>Change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER BRITTANY PLYPERS 300 DAL HALL BLVD LK PLACID FL 33852</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CARTER, RONNIE 801 US 27 NORTH LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY SUSAN COMPTON 518 US HWY 27 S. LK PLACID, FL 33852</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUETH, JEAN 505 W. INTERLAKE BLVD LAKE PLACID, FL 33852</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR CAROLE POLK 15 N MAIN AV LK PLACID, FL 33852</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELLIOTT, DONALD 801 US 27 NORTH LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR IRELAND SANDERS 74 TOWER PLAZA LK PLACID, FL 33852</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AED SULLIVAN, WENDY 124 E. PARK AVE LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSOCIATION EXECUTIVE LESLIE K GODLESKI 124 E PARK AVE LK PLACID, FL 33852</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <i>Leslie K. Godleski</i> LESLIE K. GODLESKI 2-17-06 863.465.3444</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ADDITIONS ATTACHMENT

400/6883  
# 752373

DIRECTOR

IVA LOU ELDON

1515 US Hwy 27S.

Lk Placid, Fl 33852

DIRECTOR

JAMES CARROLL

208 N MAIN AV

LK PLACID, FL 33852

ACT. DIRECTOR

C. B. BREWER

6 S. Pine Av

Lk Placid, Fl 33852