


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-23-2006 90012 014 \*\*\*150.00

<b>DOCUMENT # G84754</b> 1. Entity Name <b>MULTIPLE LISTING SERVICE OF LAKE PLACID, INC.</b>					
Principal Place of Business <b>124 EAST PARK AVENUE LAKE PLACID, FL 33852 US</b>			Mailing Address <b>P O 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			
Zip	Country	Zip	Country	4. FEI Number: <b>59-2368625</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHEEHAN, J. TIMOTHY 234 CENTRAL AVENUE LAKE PLACID, FL 33852</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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>PRESIDENT AND POLLARD 518 US HWY 27 S LK PLACID, FL 33852</b>	
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>V.P. DAN DEBONO 6 S. PINE AVE LK PLACID FL 33852</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S COMPTON, SUSAN 518 US 27 NORTH LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR CAROL EDWARDS 15 N MAIN AVE LK PLACID, FL 33852</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HOY, MARIE CLAIRE 505 WEST INTERLAKE BOULEVARD LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR JAMES HILL 1515 US HWY 27 S LK PLACID, FL 33852</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AE SULLIVAN, WENDY 124 E. PARK AVE LAKE PLACID, FL 33852</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSOCIATION EXECUTIVE LESLIE R. GODLESKI</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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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 R Godleski</i></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>2-17-06 863465344</b> Date Daytime Phone #		