2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# N00000002554

Entity Name: LAKE PLACID AQUATICS, INC.

Current Principal Place of Business:

% LAKE PLACID HIGH SCHOOL
202 GREEN DRAGON DRIVE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

PO BOX 934
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 65-1018438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLION, JON T VP
117 MCCOY DR.
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CREEL, THOMAS	
Address:	85 LAKEVIEW AVE.	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	S	( ) Delete
Name:	YATES, MICHELLE	
Address:	P.O. BOX 2862	
City-St-Zip:	LAKE PLACID, FL 33862	
Title:	T	( ) Delete
Name:	LAMBERT, KARI	
Address:	126 E. ROYAL PALM	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	VP	( ) Delete
Name:	MILLION, JON T	
Address:	117 MCCOY DR.	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	D	( ) Delete
Name:	ALTVATER, ALLEN	
Address:	49 LAKE HENRY DR.	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	D	(X) Delete
Name:	ROYCE, SUSAN	
Address:	594 SUNSET POINT DR.	
City-St-Zip:	LAKE PLACID, FL 33852	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON T MILLION VP 05/04/2006
Electronic Signature of Signing Officer or Director — Date