

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002554

FILED  
Jan 12, 2011  
Secretary of State

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 (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

LAMBERT, KARI L  
126 E ROYAL PALM ST  
LAKE PLACID, FL 33852 US

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: KARI LAMBERT

01/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OXER, MONIQUE  
Address: 108 HUNTLEY OAKS CT  
City-St-Zip: LAKE PLACID, FL 33852

Title: S  
Name: YATES, MICHELLE  
Address: P.O. BOX 2862  
City-St-Zip: LAKE PLACID, FL 33862

Title: VP  
Name: SAPP, STEPHANIE  
Address: 147 OB ROAD  
City-St-Zip: LAKE PLACID, FL 33852

Title: T  
Name: LAMBERT, KARI  
Address: 126 E. ROYAL PALM ST  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: MILLION, JON  
Address: 117 MCCOY DR  
City-St-Zip: LAKE PLACID, FL 33852

I hereby 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 all other like empowered.

SIGNATURE: KARI LAMBERT

T

01/12/2011

Electronic Signature of Signing Officer or Director

Date