


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008770 1. Entity Name PLACID AIRPORT TOWNHOUSES ASSOCIATION, INC.	
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Principal Place of Business 215 SENECA DR NW LAKE PLACID, FL 33852	Mailing Address 215 SENECA DR NW LAKE PLACID, FL 33852
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01282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0588108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEBRULER, SUE 215 SENECA DR NW LAKE PLACID, FL 33852

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and type if applicable

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

000000123101
04/26/04-80023-023 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D GOSE, MARK E 503 EUCALYPTUS ST SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY ST ZIP	D CREED, JERE D 1755 SE 7 ST FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY ST ZIP	D DEBRULER, SUE 215 SENECA DR NW LAKE PLACID, FL 33852
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04 863-381-1053
Date Daytime Phone #