2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# N03000000608

Entity Name: LAKE PLACID LAKE ASSOCIATION, INC.

Current Principal Place of Business:

POB 2594
LAKE PLACID, FL 338622594

New Principal Place of Business:

Current Mailing Address:

P O BOX 2594
LAKE PLACID, FL 338622594

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIG, EDWARD P
3529 PLACID VIEW 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:	HARRIS, BERT J 111	
Address:	400 LAKE MIRROR DR.	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	V	( ) Delete
Name:	GRAMLING, GEORGE F	
Address:	3009 PLACID VIEW DR	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	S	( ) Delete
Name:	FRUIT, STEVE	
Address:	2979 PLACID VIEW DR	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	T	( ) Delete
Name:	ELLIG, EDWARD P	
Address:	3529 PLACID VIEW DR	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	D	( ) Delete
Name:	BARNEY, JAN	
Address:	3719 PLACID VIEW DR	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	D	( ) Delete
Name:	DASHER, WILLIAM W	
Address:	3799 PLACID VIEW 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: EDWARD P. ELLIG T 01/16/2006
Electronic Signature of Signing Officer or Director — Date