

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000608

FILED
Apr 22, 2007
Secretary of State

Entity Name: LAKE PLACID LAKE ASSOCIATION, INC.

Current Principal Place of Business:

POB 2594
LAKE PLACID, FL 338622594

New Principal Place of Business:

3009 PLACID VIEW DR
LAKE PLACID, FL 338525975

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
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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

04/22/2007

Electronic Signature of Signing Officer or Director

Date