

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

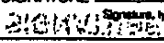
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N04000010839

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N04000010839			
1. Entity Name LAKE PLACID MERCHANTS ASSOCIATION, INC.			
Principal Place of Business 18 NORTH OAK AVENUE LAKE PLACID, FL 33852 US		Mailing Address 18 NORTH OAK AVENUE LAKE PLACID, FL 33852 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 1235	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lake Placid FL	
Zip	Country	Zip	Country
33862	US	33862	US
4. FEI Number 74-3135342		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent NEMAN, DONALD 218 NORTH MAIN STREET LAKE PLACID, FL 33852		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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 reappointing) DATE: _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEMAN, DONALD 218 NORTH MAIN STREET LAKE PLACID, FL 33852 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES-DIRECTOR ELISA JONES 204 E. WINTERLAKE BLVD LAKE PLACID FL 33852 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORTIER, JEANNE 207 SOUTH MAIN STREET LAKE PLACID, FL 33852 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-DIRECTOR CAROLYN PHYBERS 204 CR 621, E LAKE PLACID FL 33852 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPICER, PENNY 214 NORTH MAIN STREET LAKE PLACID, FL 33852 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUZANNE STONE 301 E. INTERLAKE BLVD LAKE PLACID FL 33852 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ, HECTOR 218 NORTH MAIN STREET LAKE PLACID, FL 33852 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER-DIRECTOR D. Stidham 224 E INTERLAKE BLVD LAKE PLACID FL 33852 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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: 		3/8/05 863-465-2751	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date Daytime Phone #	