2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1.

FILED
Feb 23, 2007 8:00 am
Secretary of State

01-24-2007 90016 048 ****61.25

DOCUMENT # N06000010041

1. Entity Name
LAKE PLACID RIDGE COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
18 N. OAK AVENUE LAKE PLACID, FL 33852	18 N. OAK AVENUE LAKE PLACID, FL 33852

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-5615372 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAMELA T. KARLSON, P.A. 301 DAL HALL BLVD. LAKE PLACID, FL 33852	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KARLSON, PAMELA T	NAME	
STREET ADDRESS	18 N. OAK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PHYPERS, CAROLYN	NAME	
STREET ADDRESS	18 N. OAK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAY, EILEEN	NAME	
STREET ADDRESS	18 N. OAK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OWEN, HAROLD	NAME	
STREET ADDRESS	18 N. OAK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MIELKE, MARTY	NAME	
STREET ADDRESS	18 N. OAK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FORSYTHE, KAREN	NAME	
STREET ADDRESS	18 N. OAK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Pamela Karlson **PAMELA T. KARLSON** 1/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #