

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010041

FILED
Apr 30, 2009
Secretary of State

Entity Name: LAKE PLACID RIDGE COMMUNITY CENTER, INC.

Current Principal Place of Business:

18 N. OAK AVENUE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

18 N. OAK AVENUE
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 20-5615372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAMELA T. KARLSON, P.A.
301 DAL HALL BLVD.
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: KARLSON, PAMELA T
Address: 18 N. OAK AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: VP () Delete
Name: PHYPER, CAROLYN
Address: 18 N. OAK AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: ST () Delete
Name: MAY, EILEEN
Address: 18 N. OAK AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: OWEN, HAROLD
Address: 18 N. OAK AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: MIELKE, MARTY
Address: 18 N. OAK AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: FORSYTHE, KAREN
Address: 18 N. OAK AVENUE
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 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: PAMELA T. KARLSON

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date