

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010041

FILED  
Mar 19, 2010  
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:**

311 W. INTERLAKE BOULEVARD  
LAKE PLACID, FL 33852

**Current Mailing Address:**

18 N. OAK AVENUE  
LAKE PLACID, FL 33852

**New Mailing Address:**

311 W. INTERLAKE BOULEVARD  
LAKE PLACID, FL 33852

**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:**

TUCK, ARLENE J  
311 W. INTERLAKE BOULEVARD  
LAKE PLACID, FL 33852 US

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: ARLENE J. TUCK

03/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KARLSON, PAMELA T  
Address: 18 N. OAK AVENUE  
City-St-Zip: LAKE PLACID, FL 33852

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

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

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

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

Title: D  
Name: FORSYTHE, KAREN  
Address: 18 N. OAK AVENUE  
City-St-Zip: LAKE PLACID, FL 33852

I hereby 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 all other like empowered.

SIGNATURE: EILEEN MAY

ST

03/19/2010

Electronic Signature of Signing Officer or Director

Date