

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003410

FILED
Mar 16, 2011
Secretary of State

Entity Name: PARADISE VILLAGE OF LAKE PLACID HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

27 HORSESHOE LANE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

27 HORSESHOE LANE
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 26-4642735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIX, AUDREY G
27 HORSESHOE LANE
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: PD
Name: THOMSEN, ANDREW
Address: 11 PARADISE HILL DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: VD
Name: GLAZIER, MARILYN
Address: 22 JOANNA DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: FOWLER, ROY
Address: 23 JACKSON PKWY
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: FOWLER, BILL
Address: 13 PARADISE HILL DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: STD
Name: HIX, AUDREY G
Address: 27 HORSESHOE LANE
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: RAUB, K.G. SR.
Address: 12 PARADISE HILL DR.
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: AUDREY G. HIX

TREA

03/16/2011

Electronic Signature of Signing Officer or Director

Date