

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90378 026 \*\*\*\*61.25

**DOCUMENT # N13152**

1. Entity Name  
**PLACID LAKES AVIATION ESTATES HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**215 SENECA DR NW  
LAKE PLACID, FL 33852**

Mailing Address

**215 SENECA DR NW  
LAKE PLACID, FL 33852**

**14011975**



02042005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2943761**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CREED, JERE D  
1755 SOUTHEAST SEVENTH ST  
FORT LAUDERDALE, FL 33316**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GOSE, M. E.  
P.O. BOX 673  
SEBRING, FL 338710673**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CREED, JERE D  
1755 SE 7TH ST  
FT LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/D  
BUCCARELLI, RON  
945 ADAMS STREET  
HOLLYWOOD, FL 33019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
DEBRULER, SUE  
215 SENECA DR NW  
LAKE PLACID, FL 33852**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #