

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

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**



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2943761 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOSE, M. E.
STREET ADDRESS	P.O. BOX 673
CITY-ST-ZIP	SEBRING, FL 338710673
TITLE	PD
NAME	CREED, JERE D
STREET ADDRESS	1755 SE 7TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	V/D
NAME	BUCCARELLI, RON
STREET ADDRESS	945 ADAMS STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	STD
NAME	DEBRULER, SUE
STREET ADDRESS	215 SENECA DR NW
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000432544
02/23/06-80071-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

X 1-19-06