# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 04, 2008**
**Secretary of State**

DOCUMENT# N13152

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

**Current Principal Place of Business:**

215 SENECA DR NW
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

1755 SOUTHEAST SEVENTH STREET
FORT LAUDERDALE, FL 33816

**New Mailing Address:**

**FEI Number: 59-2943761** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CREED, JERE D
1755 SOUTHEAST SEVENTH ST
FORT LAUDERDALE, FL 33316 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: D (X) Delete
Name: GOSE, M. E.
Address: P.O. BOX 673
City-St-Zip: SEBRING, FL 338710673

Title: PD ( ) Delete
Name: CREED, JERE D
Address: 1755 SE 7TH ST
City-St-Zip: FT LAUDERDALE, FL

Title: V/D (X) Delete
Name: BUCCARELLI, RON
Address: 945 ADAMS STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: STD ( ) Delete
Name: DEBRULER, SUE
Address: 215 SENECA DR NW
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
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: JERE CREED PD 04/04/2008

Electronic Signature of Signing Officer or Director — Date