

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13152

FILED  
Jan 26, 2009  
Secretary of State

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

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:

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

P

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date