

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90048 031 ****61.25

DOCUMENT # N30737

1. Entity Name

COUNTRY WALK OF LAKE PLACID HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

3143 BLUEBIRD AVENUE
LAKE PLACID FL 33852
US

Mailing Address

3143 BLUEBIRD AVENUE
LAKE PLACID FL 33852
US

54028020



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMBELL, SUA A
51 QUAIL ROOST RD
LAKE PLACID FL 33852

PAID \$61.25
4/5/04
1810

7. Name and Address of New Registered Agent

Name: **Richard McLaughlin**

Street Address (P.O. Box Number is Not Acceptable)
34 Fawn Run Rd

City: **Lake Placid, FL** Zip Code: **33852**

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 **Richard McLaughlin**

Signature, typed or printed name of registered agent and title if applicable.

Richard McLaughlin

(NOTE: Registered Agent signature required when reinstating)

4-5-04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: **PD** ☐ Delete
NAME: **ROBERTSON, EDWARD**
STREET ADDRESS: **23 QUAIL ROOST RD**
CITY-ST-ZIP: **LAKE PLACID FL 33852**

TITLE: **VD** ☐ Delete
NAME: **MATHIS, JAMES D**
STREET ADDRESS: **39 LAKESIDE TRAIL**
CITY-ST-ZIP: **LAKE PLACID FL 33852**

TITLE: **ASD** ☒ Delete
NAME: **MAJOR, SANDRA A**
STREET ADDRESS: **44 LAKESIDE TRAIL**
CITY-ST-ZIP: **LAKE PLACID FL 33852**

TITLE: **SD** ☒ Delete
NAME: **CAMPBELL, SUE A**
STREET ADDRESS: **51 QUAIL ROOST RD**
CITY-ST-ZIP: **LAKE PLACID FL 33852**

TITLE: **TD** ☒ Delete
NAME: **HERINGA, JOHN W**
STREET ADDRESS: **11 QUAIL ROOST RD**
CITY-ST-ZIP: **LAKE PLACID FL 33852**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **TD** ☐ Change ☒ Addition
NAME: **Farmer, Fred**
STREET ADDRESS: **12 Lake Side Trl**
CITY-ST-ZIP: **Lake Placid, FL 33852**

TITLE: **D** ☐ Change ☒ Addition
NAME: **McLaughlin, Richard**
STREET ADDRESS: **34 Fawn Run Rd**
CITY-ST-ZIP: **Lake Placid, FL 33852**

TITLE: **D** ☐ Change ☒ Addition
NAME: **Johnson, Bill**
STREET ADDRESS: **55 Quail Roost Rd**
CITY-ST-ZIP: **Lake Placid, FL 33852**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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: **Fred Farmer, Treasurer--**

Fred Farmer

4-5-04

(863)465-1321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #