

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90036 043 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

**KNOX, LORRAINE
56 LAKE SIDE TRAIL
COUNTRY WALK
LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 KNOX, LORRAINE
STREET ADDRESS 56 LAKE SIDE TRAIL
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE VD ☐ Delete
NAME UNDERWOOD, ROBERT
STREET ADDRESS 8 LAKE SIDE TRAIL
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE TD ☒ Delete
NAME FARMER, FRED
STREET ADDRESS 12 LAKE SIDE TRL.
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE D ☒ Delete
NAME MCLAUGHLIN, RICHARD
STREET ADDRESS 34 FAWN RUN RD
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE D ☐ Delete
NAME MAXSON, CLARK
STREET ADDRESS 7 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 DAN JARVIS
STREET ADDRESS 23 QUAIL ROOST RD
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE D ☐ Change ☒ Addition
NAME CAROL SHEETS
STREET ADDRESS 4 QUAIL ROOST RD
CITY-ST-ZIP LAKE PLACID, FL 33852

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

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 exemptions contained in Section 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:

Dan Jarvis
DAN JARVIS

2-20-06

954-592-6596