

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

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90006 011 ****61.25

DOCUMENT # N31888

1. Entity Name

THE SECOND FAIRWAYS OF LAKE PLACID
HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

173 FAIRWAY DRIVE
LAKE PLACID FL 33852

Mailing Address

173 FAIRWAY DRIVE
LAKE PLACID FL 33852
US

54012040



MOORE CR2E037 (11/03)

2. Principal Place of Business

175 FAIRWAY DR

3. Mailing Address

175 FAIRWAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID FL

City & State

LAKE PLACID FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

33852

Country

U.S.A.

Zip

33852

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATORSKI, THEODORE J.
173 FAIRWAY DRIVE
LAKE PLACID FL 33852

OLD

NEW 7. Name and Address of New Registered Agent

Name

BLANCH ORRELL

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

175 FAIRWAY DR

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

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME NATORSKI, THEODORE J.
STREET ADDRESS 173 FAIRWAY DRIVE
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

TITLE D
NAME STRAIN, DOROTHY
STREET ADDRESS 171 FAIRWAY DR
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

TITLE SD
NAME ORRELL, DAVIDD
STREET ADDRESS 175 FAIRWAY DRIVE
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

TITLE D
NAME BLUMKE, RUSS
STREET ADDRESS 8209 MOORE ROAD
CITY-ST-ZIP ALAMON MI ☐ Delete

TITLE D
NAME WHEELER, VIOLA
STREET ADDRESS 463 WAUREGAN ROAD
CITY-ST-ZIP DANIELSON CT ☐ Delete

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

TITLE D ☐ Change ☐ Addition
NAME SANGDAN KNYPER
STREET ADDRESS 584 OCEAN BLVD
CITY-ST-ZIP GOLDEN BEACH FL

TITLE 33160 ☐ 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 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: BLANCH ORRELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-04 465-6542