


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90017 019 \*\*\*\*61.25

<b>DOCUMENT # N31888</b> 1. Entity Name <b>THE SECOND FAIRWAYS OF LAKE PLACID HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>175 FAIRWAY DR. LAKE PLACID, FL 33852</b>	Mailing Address <b>175 FAIRWAY DR. LAKE PLACID, FL 33852 US</b>
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4000



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01202008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ORRELL, BLANCH 175 FAIRWAY DR. LAKE PLACID, FL 33852</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NATORSKI, THEODORE J. <input checked="" type="checkbox"/> Delete 173 FAIRWAY DRIVE LAKE PLACIS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Natorski, Theodore J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 173 Fairway Dr. Lake Placid, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAIN, DOROTHY <input type="checkbox"/> Delete 171 FAIRWAY DR LAKE PLACID, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORRELL, DAVIDD <input checked="" type="checkbox"/> Delete 175 FAIRWAY DRIVE LAKE PLACID, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Orrell, Blanch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 175 Fairway Dr. Lake Placid, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIEGHER, TED <input checked="" type="checkbox"/> Delete 1141 ALETHA AVENUE PORT CHARLOTTE, FL 33948	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Ziegler, Suzanne <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1141 Aletha Avenue Port Charlotte, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, VIOLA <input type="checkbox"/> Delete 463 WAUREGAN ROAD DANIELSON, CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Suzanne Ziegler, Pres. 02/03/2008 (941) 633-0131  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SUZANNE ZIEGLER