2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # N31888 1. Entity Name
THE SECOND FAIRWAYS OF LAKE PLACID
HOMEOWNERS' ASSOCIATION, INC.

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

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

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Principal Place of Business 175 FAIRWAY DR. LAKE PLACID, FL 33852			175 Ì	Mailing Address 175 FAIRWAY DR. LAKE PLACID, FL 33852 US			y v		9 1811 B/811 A/811 I	IJEH BIRH AFRIL	1111681 B1 1236
Principal Place of Business - No P.O. Box # Address											
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			01202008	Chg-NP	CR2E	037 (12/06)	•
City & State			Cit	City & State			4. FEI Numbe NOT AP	PLICABLE		⊢	Applied For Not Applicable
Zip				Zip Count			L	of Status Desire	<u> </u>	\$8.75 A Fee Requi	
6. Name and Address of Current Registered Agent						·	7. Name and	Address of Ner	w Registered	d Agent	<u> </u>
ORRELL, BLANCH 175 FAIRWAY DR. LAKE PLACID, FL 33852					Name Street Address (P.O. Box Number is Not Acceptable)						
	·				City				F	Zip Co	xde
										L	
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											
	EW E	i- 404 35		9. Election Carr	naine Financie	na	¢# 00		Make che	ck payable	to
	Filing Fee Due by Ma	•		Trust Fund C		" 🗆	\$5.00 May B Added to Fees	e F	inako cho ilorida Dep		
10.	_	ay 1, 2008	DIRECTORS		ontribution.		Added to Fees	F	lorida Dep	artment of	State
10.	_	•	DIRECTORS	Trust Fund C	ontribution.		Added to Fees ADDITIONS/CH	F	lorida Dep	DIRECTORS	State IN 10
10. TITLE NAME	Due by Ma	ay 1, 2008	DIRECTORS		ontribution.	<u> </u>	Added to Fees	ANGES TO OFF	lorida Dep	artment of	State IN 10
IIITE	Due by Ma	OFFICERS AND , THEODORE J.	DIRECTORS	Trust Fund C	11.	D Nator	Added to Fees ADDITIONS/CH	ANGES TO OFF	lorida Dep	DIRECTORS	State IN 10
TITLE NAME	PD NATORSKI	OFFICERS AND OFFICERS AND THEODORE J. IAY DRIVE	DIRECTORS	Trust Fund C	11. TITLE NAME	D Nator	Added to Fees ADDITIONS/CHA	ANGES TO OFF	lorida Dep	DIRECTORS	State IN 10
NAME STREET ADDRESS CITY-ST-ZIP	PD NATORSKI	OFFICERS AND OFFICERS AND THEODORE J. IAY DRIVE	DIRECTORS	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRI CITY-ST-ZIP	D Nator	Added to Fees ADDITIONS/CHA ski, Theodor airway Dr.	ANGES TO OFF	lorida Dep	DIRECTORS X2 Change	State IN 10 Addition
TITLE NAME STREET ADDRESS	PD NATORSKI 173 FAIRW LAKE PLACE	OFFICERS AND OFFICERS AND , THEODORE J. (AY DRIVE CIS, FL	D DIRECTORS	Trust Fund C	11. TITLE NAME STREET ADDR	D Nator	Added to Fees ADDITIONS/CHA ski, Theodor airway Dr.	ANGES TO OFF	lorida Dep	DIRECTORS	State IN 10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NATORSKI 173 FAIRW LAKE PLAC D STRAIN, D 171 FAIRW LAKE PLAC SD ORRELL, D 175 FAIRW LAKE PLAC D ZIEGHER, 1141 ALETI PORT CHA	OFFICERS AND OFFICERS AND THEODORE J. AY DRIVE CIS, FL OROTHY AY DR CID, FL DAVIDD ÂY DRIVE CID, FL		Trust Fund C	ONLYIBUTION. 11. TITLE MAME STREET ADDRI CITY-ST-ZIP TITLE NAME STREET ADDRI CITY-ST-ZIP	SS TD Orrel 175 F Lake PSD Zieg: SS 1141	Added to Fees ADDITIONS/CHA rski, Theodor Pairway Dr. Placid, FL 1, Blanch airway Dr. Placid, FL	FANGES TO OFF e J. 33852 a33852 e nue	lorida Dep	Change	State IN 10 Addition Addition Addition
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Indicated on this report or supplied with rist litting does not qualify for the eventplied scenarios contained in Chapter 119, Profined Statutes. I further certify that the information indicated on this report or suppliemental 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.

thes

SIGNATURĘ:

Suzanne ZIEGLER