

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31888

FILED
Feb 08, 2009
Secretary of State

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

Current Principal Place of Business:

175 FAIRWAY DR.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

175 FAIRWAY DR.
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ORRELL, BLANCH
175 FAIRWAY DR.
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D3 () Delete
Name: NATORSKI, THEODORE J
Address: 173 FAIRWAY DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: STRAIN, DOROTHY
Address: 171 FAIRWAY DR
City-St-Zip: LAKE PLACID, FL

Title: TD () Delete
Name: BLANCH, ORRELL
Address: 175 FAIRWAY DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: PSD () Delete
Name: ZIEGLER, SUZZANNE
Address: 1141 ALETHA AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: WHEELER, VIOLA
Address: 463 WAUREGAN ROAD
City-St-Zip: DANIELSON, CT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NATORSKI, THEODORE J
Address: 173 FAIRWAY DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Change () Addition
Name: STRAIN, DOROTHY
Address: 171 FAIRWAY DR
City-St-Zip: LAKE PLACID, FL 33852

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PSD (X) Change () Addition
Name: ZIEGLER, SUZZANNE
Address: 1141 ALETHA AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE ZIEGLER

PRES

02/08/2009

Electronic Signature of Signing Officer or Director

_____ Date