

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31888

**FILED**  
**Mar 24, 2012**  
**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

**New Mailing Address:**

1141 ALETHA AVE.  
PORT CHARLOTTE, FL 33948

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZIEGLER, SUZANNE  
1141 ALETHA AVE  
PORT CHARLOTTE, FL 33948 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: D  
Name: NATORSKI, THEODORE J  
Address: 173 FAIRWAY DR.  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: STRAIN, DOROTHY  
Address: C/O R. STRAIN, 6105 S. BAHAMA SHORES DR.  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D  
Name: BLANCH, ORRELL  
Address: 175 FAIRWAY DR.  
City-St-Zip: LAKE PLACID, FL 33852

Title: PSTD  
Name: ZIEGLER, SUZANNE  
Address: 1141 ALETHA AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D  
Name: WHEELER, VIOLA  
Address: 463 WAUREGAN ROAD  
City-St-Zip: DANIELSON, CT 06239

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE ZIEGLER

PRES

03/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date