

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90083 026 ****61.25

DOCUMENT # N48916

1. Entity Name

LAKE PLACID ART LEAGUE, INC.



Principal Place of Business

127 DAL HALL BLVD
LAKE PLACID FL 33852
US

Mailing Address

P.O. BOX 2739
LAKE PLACID FL 33852



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3020162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

MCGOVERN, EDITH
329 4TH AVE
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name **DANIEL DASZEK**
Street Address (P.O. Box Number is Not Acceptable)
116 - DIXIE AVE
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

Edith L. McGovern

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

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	<input type="checkbox"/> Delete
NAME	SNYDER, MARLENE	
STREET ADDRESS	754 SUNSET POINT DRIVE	
CITY - ST - ZIP	LAKE PLACID FL 33852	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KRUFT, ELISE	
STREET ADDRESS	633 S LAKEVIEW ROAD	
CITY - ST - ZIP	LAKE PLACID FL 33852	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN MAZIARZ JR	
STREET ADDRESS	331 - BELLE GROVE ST	
CITY - ST - ZIP	LAKE PLACID, FL 33852	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL DASZEK	
STREET ADDRESS	116 - DIXIE AVE	
CITY - ST - ZIP	LAKE PLACID, FL 33852	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **EDITH L. MCGOVERN**

4-11-06

(863)

699-2392