

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:33

DOCUMENT # N93000004578 (1)

1. Corporation Name

LAKE PLACID HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14260 SW 119 AVE.
MIAMI FL 33186
US

14421 SW 152ND TERRACE
MIAMI FL 33177
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/08/1993

3a. Date of Last Report
02/23/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 14260 SW 119 AVE

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 Miami, FL

Zip

Country

24

25

29 33186-6023

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURAI, WALD. BIONDO & MORENO, P.A.
900 INGRAHAM BLDG.
25 SE 2ND AVENUE
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MARTINEZ, EMILIO J
STREET ADDRESS 14260 SW 119 AVE.
CITY-ST-ZIP MIAMI FL 33186-6110

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP 33186-6023

TITLE D
NAME MARTINEZ, FERNANDO I
STREET ADDRESS 14260 SW 119 AVE.
CITY-ST-ZIP MIAMI FL 33186-6110

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP 33186-6023

TITLE D
NAME MARTINEZ, RAULANDO A
STREET ADDRESS 14260 SW 119 AVE.
CITY-ST-ZIP MIAMI FL 33186-6110

31 TITLE ☒ Change ☐ Addition
32 NAME Martinez, Raul A.
33 STREET ADDRESS
34 CITY-ST-ZIP 33186-6023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attaching with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1-24-95 (305) 233 6174