


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90047 042 ****61.25

DOCUMENT # N98000002707 1. Entity Name LAKE PLACID SENIOR SOFTBALL ASSOCIATION, INC.					
Principal Place of Business 214 7TH ST LAKE PLACID, FL 33852			Mailing Address 214 7TH ST LAKE PLACID, FL 33852		
2. Principal Place of Business 1726 LAKE CLAY DR.			3. Mailing Address 1726 LAKE CLAY DR.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State LAKE PLACID, FL			City & State LAKE PLACID, FL		
Zip 33852		Country HIGHLANDS		Zip 33852	
Country HIGHLANDS		4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUMOHR, JOHN E 214 7TH ST LAKE PLACID, FL 33852			7. Name and Address of New Registered Agent Name SHEETS, ROBERT C. Street Address (P.O. Box Number is Not Acceptable) 1726 LAKE CLAY DR. 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 <u><i>Robert C. Sheets</i></u> ROBERT C. SHEETS 3/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERNSEY, BLAIR 613 DEAN BLVD LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SDCARRAS, ROQUE 7724 GRANADA RD SEBRING FL 33876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENGLER, EDWARD 309 DUANE PALMR BLVD SEBRING, FL 33876	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARNEY, HOWARD 204 LAKE JUNE RD NW LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUMOHR, JOHN E 214 7TH ST LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHEETS, ROBERT C. 1726 LAKE CLAY DR. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Robert C. Sheets</i></u> ROBERT C. SHEETS 3/22/05 863-689-5773 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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