

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90074 032 \*\*\*\*61.25

**DOCUMENT # N99000003162**

1. Entity Name  
**LAKE PLACID ATHLETIC ASSOCIATION, INC.**



Principal Place of Business  
**POST OFFICE BOX 1936  
LAKE PLACID, FL 33862**

Mailing Address  
**POST OFFICE BOX 1936  
LAKE PLACID, FL 33862**



01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3597177**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SLADE, CURTIS L II  
POST OFFICE BOX 2803  
LAKE PLACID, FL 33862**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DUNCAN, CHRIS
STREET ADDRESS	PO BOX 184
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	<del>GRiffin, FREDDIE F II</del>
NAME	<del>702 WESTERN BOULEVARD</del>
STREET ADDRESS	<del>LAKE PLACID, FL 33852</del>
TITLE	D/V
NAME	SLADE, CURTIS L II
STREET ADDRESS	POST OFFICE BOX 2803
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	DS
NAME	RIVERS, CINDY
STREET ADDRESS	318 BOWIE AVE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D/V
NAME	CRENSHAW, MILTON
STREET ADDRESS	536 BUCCANEER ST NW
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	DUNTON, DAVID
STREET ADDRESS	1242 PACID DR
CITY-ST-ZIP	LAKE PLACID, FL 33852

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1-14-07* Daytime Phone # *863-441-1148*