


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3597177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, CHRIS PO BOX 184 LAKE PLACID, FL 33862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V SLADE, CURTIS L II POST OFFICE BOX 2803 LAKE PLACID, FL 33862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RIVERS, CINDY 318 BOWIE AVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V CRENSHAW, MILTON 536 BUCCANEER ST NW LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMMIE, LORI 8 VICTORY WAY LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000734542 01/28/08-80012-005 61.25</p> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-18-08 Daytime Phone #