

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003162

FILED  
Jun 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

POST OFFICE BOX 1936  
LAKE PLACID, FL 33862

**New Principal Place of Business:**

172 EAST INTERLAKE BLVD.  
LAKE PLACID, FL 33852

**Current Mailing Address:**

POST OFFICE BOX 1936  
LAKE PLACID, FL 33862

**New Mailing Address:**

**FEI Number:** 59-3597177      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HECKMAN, DARRELL  
173 PLACID DRIVE  
LAKE PLACID, FL 33852      US

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.

SIGNATURE: DARRELL HECKMAN

06/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DUNCAN, CHRIS  
Address: PO BOX 184  
City-St-Zip: LAKE PLACID, FL 33862

Title: D/V ( ) Delete  
Name: SLADE, CURTIS L II  
Address: POST OFFICE BOX 2803  
City-St-Zip: LAKE PLACID, FL 33862

Title: DS (X) Delete  
Name: RIVERS, CINDY  
Address: 318 BOWIE AVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: D/V (X) Delete  
Name: CRENSHAW, MILTON  
Address: 536 BUCCANEER ST NW  
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Delete  
Name: LAMMIE, LORI  
Address: 8 VICTORY WAY  
City-St-Zip: LAKE PLACID, FL 33852

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SEC (X) Change ( ) Addition  
Name: TEAL, LAURA  
Address: 199 SOUTH BEAR POINTE DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: TREA (X) Change ( ) Addition  
Name: POLLARD, ANGIE  
Address: 1605 CHATSWORTH STREET  
City-St-Zip: LAKE PLACID, FL 33852

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA TEAL

SEC

06/29/2009

Electronic Signature of Signing Officer or Director

Date