

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000047791 (5)

1. Corporation Name  
LAKE GRASSY MOTEL INC.

Principal Place of Business

1865 U.S. 27 SOUTH  
LAKE PLACID FL 33852  
US

Mailing Address

110 LAKESHORE DRIVE  
LAKE PLACID FL 33852-0561



3. Date Incorporated or Qualified  
06/16/1995

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0586260

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

PONCE, EDUARDO  
110 LAKESHORE DRIVE  
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

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's signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PVD  
PONCE, EDUARDO  
110 LAKESHORE DRIVE  
LAKE PLACID FL 33852

TITLE NAME ☐ DELETE

STD  
PONCE, CARMEN  
110 LAKESHORE DRIVE  
LAKE PLACID FL 33852

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

18.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

EDUARDO PONCE 4-21-97 941-199 075

CR2E034 (9/96)