


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90324 030 ***150.00

DOCUMENT # P98000076450 1. Entity Name LAKE PLACID CLUB INC.			
Principal Place of Business 36 TWIN LAKES RD. LAKE PLACID, FL 33852 US		Mailing Address 36 TWIN LAKES RD. LAKE PLACID, FL 33852 US	
2. Principal Place of Business 405 W. INTER LAKE BLVD Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1784 Suite, Apt. #, etc.	
City & State Lake Placid, FL		City & State Lake Placid, FL	
Zip 33852		Zip 33862	
Country USA		Country USA	
4. FEI Number 59-3542958		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASTARDI, STEVEN 36 TWIN LAKES RD. LAKE PLACID, FL 33852		7. Name and Address of New Registered Agent Name BASTARDI, STEVEN Street Address (P.O. Box Number is Not Acceptable) 405 W. INTERLAKE BLVD 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>[Signature]</i></u> STEVEN BASTARDI DATE 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Delete BASTARDI, STEVEN 36 TWIN LAKES ROAD LAKE PLACID, FL 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BASTARDI, STEVEN 405 W. INTERLAKE BLVD LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete BASTARDI, SUSAN 36 TWIN LAKES RD LAKE PLACID, FL 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BASTARDI, SUSAN 405 W. INTERLAKE BLVD LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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	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 607, 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>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/15/05 (863) 465-4676 <small>Daytime Phone #</small>	

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