

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90333 031 \*\*\*150.00

**DOCUMENT # P98000076450**

1. Entity Name  
**LAKE PLACID CLUB INC.**



Principal Place of Business  
**405 W INTERLAKE BLVD  
LAKE PLACID, FL 33852 US**

Mailing Address  
**P.O. BOX 1784  
LAKE PLACID, FL 33862 US**

**DO NOT WRITE IN THIS SPACE**

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3542958**

Applied For
Not Applicable

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

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

**BASTARDI, STEVEN  
405 W. INTERLAKES BLVD  
LAKE PLACID, FL 33852**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST BASTARDI, STEVEN 405 W. INTERLAKE BLVD LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BASTARDI, SUSAN 405 W. INETRLAKE BLVD. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

Date

863-465-4076

Daytime Phone #