

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # V28399

1. Entity Name
PLACID LAKES COUNTRY CLUB, INC.



Principal Place of Business
**3601 JEFFERSON AVENUE
LAKE PLACID, FL 33852**

Mailing Address
**3601 JEFFERSON AVENUE
LAKE PLACID, FL 33852**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3123978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUNFEE, DAVID J.
3601 JEFFERSON AVENUE
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, 2004 Fee will be \$550.00**

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

000000073338
03/02/04-80032-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DUNFEE, DAVID J.
STREET ADDRESS 3601 JEFFERSON AVE.
CITY-ST-ZIP LAKE PLACID, FL

TITLE STD
NAME DUNFEE, ARNOLD
STREET ADDRESS 126 SHEPPARD RD NW
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE VD
NAME DUNFEE, JEANNIE
STREET ADDRESS 3601 JEFFERSON AVENUE
CITY-ST-ZIP 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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/10/04 863-465
x 4333