

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003410

**Entity Name:** PARADISE VILLAGE OF LAKE PLACID HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**25 JACKSON PARKWAY  
LAKE PLACID, FL 33852-6510**Current Mailing Address:**25 JACKSON PARKWAY  
LAKE PLACID, FL 33852-6510 US**FEI Number: 26-4642735****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MIKULEC, KATHLEEN M.  
25 JACKSON PARKWAY  
LAKE PLACID, FL 33852-6510 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:** KATHLEEN M. MIKULEC

01/25/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	VP
Name	KELCHLIN, DONALD	Name	RAND, CHERYL
Address	8 HORSESHOE LANE	Address	13 PARADISE HILL DRIVE
City-State-Zip:	LAKE PLACID FL 33852	City-State-Zip:	LAKE PLACID FL 33852
Title	SECRETARY	Title	TREASURER
Name	METZ, MICHAEL J.	Name	MIKULEC, KATHLEEN M.
Address	23 JOANNA DRIVE	Address	25 JACKSON PARKWAY
City-State-Zip:	LAKE PLACID FL 33852	City-State-Zip:	LAKE PLACID FL 33852-6510
Title	DIRECTOR	Title	DIRECTOR
Name	KING, CHERIE L.	Name	DOBBINS, BRIAN
Address	24 PARADISE LAKE DRIVE	Address	18 JACKSON PARKWAY
City-State-Zip:	LAKE PLACID FL 33852	City-State-Zip:	LAKE PLACID FL 33852

I hereby 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 all other like empowered.

**SIGNATURE:** KATHLEEN M. MIKULEC**TREASURER**

01/25/2021

Electronic Signature of Signing Officer/Director Detail

Date