

2022 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****01/27/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT

Name KELCHLIN, DONALD

Address 8 HORSESHOE LANE

City-State-Zip: LAKE PLACID FL 33852

Title VP

Name RAND, CHERYL

Address 13 PARADISE HILL DRIVE

City-State-Zip: LAKE PLACID FL 33852

Title SECRETARY

Name BEARD, NANCY

Address 32 PARADISE LAKE DRIVE

City-State-Zip: LAKE PLACID FL 33852

Title TREASURER

Name MIKULEC, KATHLEEN M.

Address 25 JACKSON PARKWAY

City-State-Zip: LAKE PLACID FL 33852-6510

Title DIRECTOR

Name CONRAD, STEPHEN

Address 6 TYLER LANE

City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR

Name METZ, MICHAEL J.

Address 23 JOANNA DRIVE

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****01/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date