

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40184

**Entity Name:** LAKE PLACID EAGLE'S NEST HOMEOWNER'S ASSOCIATION, INC.

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC8779283575**

**Current Principal Place of Business:**

2680 ABELL RD  
LAKE PLACID, FL 33852

**Current Mailing Address:**

P O BOX 811  
LAKE PLACID, FL 33862 US

**FEI Number: 58-2042780**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

POLK, BEVERLEY  
3004 ABELL RD  
LAKE PLACID, FL 33852 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CASH, RAY  
Address 2680 ABELL RD  
City-State-Zip: LAKE PLACID FL 33852

Title TD  
Name BOBSON, ROSEMARY  
Address 2688 ABELL ROAD  
City-State-Zip: LAKE PLACID FL 33852

Title SD  
Name POLK, BEVERLEY D  
Address 3004 ABELL RD  
City-State-Zip: LAKE PLACID FL 33852

Title VPD  
Name JOHNSON, KARL L  
Address 2684 ABELL RD  
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: ROSEMARY BOBSON**

**TREASURER**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date