2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2025
Secretary of State
4583918573CC

DOCUMENT# 432189

Entity Name: LAKE PLACID PARK INC

Current Principal Place of Business:

C/O CONDOMINIUM ASSOCIATES
570 CARILLON PARKWAY SUITE 210
ST. PETERSBURG, FL 33716

Current Mailing Address:

C/O CONDOMINIUM ASSOCIATES
570 CARILLON PARKWAY SUITE 210
ST. PETERSBURG, FL 33716 US

FEI Number: 59-1480889

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TIFFANY LOVE
BECKER & POLIAKOFF
100 N TAMPA, SUITE 4000
TAMPA, FL 33602 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: SUSAN M. SMITH 04/25/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	MULSON, DENIS	Name	CRAKE, CAROL
Address	C/O CONDOMINIUM ASSOCIATES 570 CARILLON PARKWAY SUITE 210	Address	C/O CONDOMINIUM ASSOCIATES 570 CARILLON PARKWAY SUITE 210
City-State-Zip:	ST. PETERSBURG FL 33716	City-State-Zip:	ST. PETERSBURG FL 33716
Title	DIRECTOR	Title	SECRETARY
Name	OGREN, MARY	Name	SCHNEIDER, KATHLEEN M
Address	C/O CONDOMINIUM ASSOCIATES 570 CARILLON PARKWAY SUITE 210	Address	C/O CONDOMINIUM ASSOCIATES 570 CARILLON PARKWAY SUITE 210
City-State-Zip:	ST. PETERSBURG FL 33716	City-State-Zip:	ST. PETERSBURG FL 33716
Title	TREASURER	Title	PRESIDENT
Name	GALVIN, DENNIS	Name	SMITH, SUSAN M
Address	C/O CONDOMINIUM ASSOCIATES 570 CARILLON PARKWAY SUITE 210	Address	C/O CONDOMINIUM ASSOCIATES 570 CARILLON PARKWAY SUITE 210
City-State-Zip:	ST. PETERSBURG FL 33716	City-State-Zip:	ST. PETERSBURG FL 33716
Title	VP 2ND	Title	VP 1ST
Name	LUCAS, LOUIS	Name	CLARK, COREY
Address	C/O CONDOMINIUM ASSOCIATES 570 CARILLON PARKWAY SUITE 210	Address	C/O CONDOMINIUM ASSOCIATES 570 CARILLON PARKWAY SUITE 210
City-State-Zip:	ST. PETERSBURG FL 33716	City-State-Zip:	ST. PETERSBURG FL 33716

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN M. SMITH PRESIDENT 04/25/2025

Electronic Signature of Signing Officer/Director Detail — Date