

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H91390 (5)

1. Corporation Name
LAKESIDE VILLAGE MOBILE HOME PARK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 11000 S.E. FEDERAL HIGHWAY, LOT #7 HOBE SOUND FL 33455	Mailing Address 11000 S.E. FEDERAL HIGHWAY, LOT #7 HOBE SOUND FL 33455
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 12/24/1985	
4. FEI Number 59-2618890	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

DURGIN, CAROL
71 2-LAKESIDE VILLAGE
11000 S.E. FEDERAL HIGHWAY
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POYNTON, RUTH	
STREET ADDRESS	11000 S.E. FEDERAL HIGHWAY, LOT #7	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GAZZOLA, GENEVIEVE	
STREET ADDRESS	11000 S.E. FEDERAL HIGHWAY, LOT #7	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FULTON, EDGAR	
STREET ADDRESS	11000 S.E. FEDERAL HIGHWAY, LOT #7	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COPPA, VIRGINIA	
STREET ADDRESS	11000 S.E. FEDERAL HIGHWAY, LOT #7	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RENTON, BRUCE	
STREET ADDRESS	11000 S.E. FEDERAL HIGHWAY, LOT #7	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BODNAR, JOHN	
STREET ADDRESS	11000 S.E. FEDERAL HIGHWAY, LOT #7	
CITY-ST-ZIP	HOBE SOUND FL 33455	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nicotra, Angelo	
1.3 STREET ADDRESS	11,000 SE Federal Hwy, Hobe Sound	
1.4 CITY-ST-ZIP	FL	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Douglas, Audrey	
2.3 STREET ADDRESS	11,000 SE Federal Hwy, #7	
2.4 CITY-ST-ZIP	Hobe Sound, FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jordan, Mildred	
3.3 STREET ADDRESS	11,000 SE Federal Hwy #7	
3.4 CITY-ST-ZIP	Hobe Sound, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Coppa, Virginia	
4.3 STREET ADDRESS	11,000 SE Federal Hwy #7	
4.4 CITY-ST-ZIP	Hobe Sound, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lalka, John	
5.3 STREET ADDRESS	11,000 SE Federal Hwy #7	
5.4 CITY-ST-ZIP	Hobe Sound, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bodnar, John	
6.3 STREET ADDRESS	11,000 SE Federal Hwy #7	
6.4 CITY-ST-ZIP	Hobe Sound, FL	

14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to exercise Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *M. Rish* D Rish, Charles
 11,000 SE Federal Hwy #7

CR2E034 (10/97)