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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90007 031 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H91390**

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

Principal Place of Business Mailing Address
11000 S.E. FEDERAL HIGHWAY, LOT #7 HOBE SOUND FL 33455 **11000 S.E. FEDERAL HIGHWAY, LOT #7 HOBE SOUND FL 33455**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
12/24/1985
 4. FEI Number Applied For
59-2618890 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 7. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
DURGIN, CAROL
~~21~~ **LAKESIDE VILLAGE** 71 **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 **FL** 85 Zip Code

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 *Carol C. Durgin* **CAROL C. DURGIN** DATE **4/28/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NICOTRA, ANGELO	
STREET ADDRESS	11000 SE FEDERAL HWY	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLAS, AUDREY	
STREET ADDRESS	11000 S.E. FEDERAL HIGHWAY, LOT #7	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, MILDRED	
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 checked="" 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 checked="" 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	HANS CHRISTENSEN	
1.3 STREET ADDRESS	126 LAKESIDE VILLAGE	
1.4 CITY-ST-ZIP	HOBE SOUND, FL, 33455	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GRACE KAMMERAAD	
2.3 STREET ADDRESS	30 LAKESIDE VILLAGE	
2.4 CITY-ST-ZIP	HOBE SOUND, FL., 33455	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EDGAR FULTON	
3.3 STREET ADDRESS	147 LAKESIDE VILLAGE	
3.4 CITY-ST-ZIP	HOBE SOUND, FL. 33455	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CHARLES RISH	
4.3 STREET ADDRESS	78 LAKESIDE VILLAGE	
4.4 CITY-ST-ZIP	HOBE SOUND, FL. 33455	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BRUCE HOCKENSMITH	
5.3 STREET ADDRESS	143 LAKESIDE VILLAGE	
5.4 CITY-ST-ZIP	HOBE SOUND, FL., 33455	
6.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	COPPA, VIRGINIA	
6.3 STREET ADDRESS	130 LAKESIDE VILLAGE	
6.4 CITY-ST-ZIP	HOBE SOUND, FL., 33455	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate for the officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or on an attachment with an address, with all

SIGNATURE: *Charles A. Rite*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

7.1 TITLE VD
 RALPH RUGGERIO

CR2E034 (11/98)