


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90445 049 \*\*\*150.00

**DOCUMENT # H91390**  
 1. Entity 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



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-2618890** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**POYNTON, RUTH E**  
**11000 SE FEDERAL HWY #97**  
**HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent  
 Name **SANDRA R. BATES - BARRON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11000 SE Federal Hwy. Lot #27**  
 City **Hobe Sound** FL Zip Code **33455**

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *Sandra R. Bates-Barron* DATE **4-7-06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, HANS	
STREET ADDRESS	11000 SE FEDERAL HWY, # 126	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AHERN, PATRICIA	
STREET ADDRESS	1100 SE FEDERAL HWY, # 131	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEVITO, JO ANN	
STREET ADDRESS	11000 SE FEDERAL HIGHWAY #14	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TAKESIAN, MICHAEL	
STREET ADDRESS	11000 SE FEDERAL HWY, # 91	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONAST, ROLAND	
STREET ADDRESS	11000 SE FEDERAL HWY #19	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUG, DONALD	
STREET ADDRESS	11000 SE FEDERAL HWY, # 144	
CITY-ST-ZIP	HOBE SOUND FL 33455	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leary, David	
STREET ADDRESS	11000 SE Federal Hwy, LOT #129	
CITY-ST-ZIP	Hobe Sound FL 33455	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fisher, Bernie	
STREET ADDRESS	11000 SE Federal Hwy Lot #33	
CITY-ST-ZIP	Hobe Sound FL 33455	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De Vito, Jo-Ann	
STREET ADDRESS	11000 SE Federal Hwy Lot #14	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hans M. Christensen* **HANS Christensen 772-546-3191**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4-7-06** Daytime Phone #