FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

14 BOB-WHITE TR

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N1

1. Corporation Name

(1)

Mailing Address

14 BOB-WHITE TR

LAKESIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION OF LAKE PLACID, INC.

Apr 17 1998 8:00am
Secretary of State

3. Date incorporated or Qualified

LAKE PLACIU FL 33852		LAKE PLACID F	LAKE PLACID FL 33852			02/27/1986			
						4. FEI Number			plied For
6 Date at an Di	at Duels and	TA: 030-14				59-2873327			t Applicable
2. Principal Place of Business		26 Mailing Add	ta. Mailing Address		5. Certificate of Status Desired		\$8.75 / Fee Re		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		6. Election Campaign Financing	 ,	\$5.00		
22		27	7		Trust Fund Contribution		Added to		
City & State	9	City & State	Э			7. Is this nonprofit corporation a	homeowners a	associatio	1?
:3 <u> </u>		28					Yes 🔲		
Zip	Country	Zip		Country	4	6. This corporation owes or has	paid the currer	nt year Int	angible
24	25	29	30			Personal Property Tax due Jur			No
	9. Name and Address of Curre	ent Registered Agent	<u> </u>	-	T 4.	10. Name and Address of New F	tegistered Ag	ent	
				61	Name				
JOHNSON, MARGARET					Street Ade	dress (P.O. Box Number is Not Accept	able)		
14 BOB-WHITE TR LAKE PLACID FL 33852				83					
LANG FL	POID I'L 93032				<u></u>				
				64	City		FL	85 Zip (Code
11. Pursuent	o the provisions of Sections 617.05	02 and 617 1509 Fin	ride Statutes the	a phou	e-named co	rporation submits this statement for the		nanging it	s registere
agent. I ar SIGNATURE _	m familiar with, and accept the obli-	gations of, Section 617	7.0503, Florida S	Statute	8.	ation's board of directors. I hereby acc			
SIGNATURE _	Signature, typed or printed name of registered e		(NOTE: Regist	tered Age	ent signature req	uired when reinstaling)	DATE		
12.		ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFF	ICERS AND D		
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NAME	PENICK, KENINETH R			.2 NAME		MATTHYSSE, LES			
STREET ADDRESS	64 PINE AIRE CIRCLE		1.	.3 STREET	ADORESS	32 PLEASANT VIEW			
CITY-ST-ZIP	LAKE PLACID FL			4 CITY - 5	ST-ZIP	LAKE PLACID, FL		-	111111
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NAME	FILIP, PAUL		_	.2 NAME	ſ				
STREET ADDRESS	17 BOB-WHITE TRAIL				ADDRESS				
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STREET ADDRESS			3	2 NAME	,		_	=-	
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4. 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 suppliemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARGARET JOHNSON, SECYTHAS

Chanson 41

941-465-0376