

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13606** (1)

1. Corporation Name

**LAKE SIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION O
F LAKE PLACID, INC.**



Principal Place of Business

**14 BOB-WHITE TR
LAKE PLACID FL 33852**

Mailing Address

**14 BOB-WHITE TR
LAKE PLACID FL 33852**

3. Date Incorporated or Qualified
02/27/1986

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2873327

Applied For

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

23

28

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, MARGARET
14 BOB-WHITE TR
LAKE PLACID FL 33852**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Margaret Johnson**

Margaret Johnson, Secy.

3/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D
PENICK, KENNETH R**
STREET ADDRESS **64 PINE AIRE CIRCLE**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE ☐ DELETE

NAME **DC
FILIP, PAUL**
STREET ADDRESS **17 BOB-WHITE TRAIL**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE ☒ DELETE

NAME **D
SHIREMAN, BETTY**
STREET ADDRESS **9 ARMADILLO TRAIL**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE ☐ DELETE

NAME **PD
BRAMAN, WARREN**
STREET ADDRESS **7 ARMADILLO TRAIL**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE ☐ DELETE

NAME **D
HUNTER, CHARLES**
STREET ADDRESS **8 SANDY POINT**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE ☐ DELETE

NAME **ST
JOHNSON, MARGARET**
STREET ADDRESS **14 BOB-WHITE TRAIL**
CITY-ST-ZIP **LAKE PLACID FL**

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

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SIGNATURE: **Margaret Johnson**

Margaret Johnson, Secy.

3/25/96

941/465-0376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #

CR2E037 (12/95)