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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

N13606

LAKESIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION O F LAKE PLACID, INC.

Principal Place of Business Mailing Address 14 BOB-WHITE TR 14 BOB-WHITE TR LAKE PLACID FL 33852 LAKE PLACID FL 33852 3a. Date of Last Report 3. Date Incorporated or Qualified 02/27/1986 04/20/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2873327 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zıp Country Zip Yes - No. 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 JOHNSON, MARGARET Street Address (P.O. Box Number is Not Acceptable) 14 BOB-WHITE TR 83 LAKE PLACID FL 33852 Zin Code 84 City 85 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 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 // Axyuku (12/95)ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Addition DELETE 1.1 TiTLE TITLE PENICK, KENNETH R 1.2 NAME CR2E037 NAME 64 PINE AIRE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS LAKE PLACID FL 1.4 CHTY - ST - ZIF CITY-ST-ZIP Change Add tion DC DELFTE 21 TITLE TITLE FILIP, PAUL 2.2 NAME NAMÉ 17 BOB-WHITE TRAIL 2.3 STREET ADDRESS STREET ADDRESS LAKE PLACID FL CITY - ST - ZIP 2 4 CITY - ST - ZIP Addition DELÉTÉ 3.1 TIFLE TITLE SHIREMAN, BETTY 3.2 NAME William Turner NAME 9 ARMADILLO TRAIL 10 Pleasant View 3.3 STREET ADDIRESS STREET ADDRESS LAKE PLACID FL Lake Placid, F1 3.4 City-St-ZIP CITY-ST-ZIP Addition DELETE 4 1 111LE TITLE 4 2 NAME BRAMAN, WARREN NAMÉ 7 ARMADILLO TRAIL 4.3 STREET ACCRESS STREET ADDRESS LAKE PLACID FL 4.4 City - St - ZiP CITY - ST - ZIP DELETE Change Addition 5 1 TITLE TITLE HUNTER, CHARLES 5.2 NAME NAME **8 SANDY POINT** 5.3 STREET ADDRESS STREET ADDRESS LAKE PLACID FL 5 4 CITY - ST - ZIP CHTY - ST - ZIP DELETE Change Addition 61 TILLE TITLE JOHNSON, MARGARET 6.2 NAME NAME 14 BOB-WHITE TRAIL 6.3 STREET ADDRESS STREET ADDRESS LAKE PLACID FL 64 CITY - ST ZIP CITY-ST-7IP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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

SIGNATURE: Margaret Johnson 7 SIGNATURE AND TYPED OR PRINTED NAME OF

appears in Block 12 or Block 13 if changed, or on an attachment with an address

CER OR DIRECTOR

941/465-0376

Destrue Phone #