

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N13606 (1)**

1. Corporation Name

**LAKESIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION OF
LAKE PLACID, INC.**

Principal Place of Business

Mailing Address

**14 BOB-WHITE TR
LAKE PLACID FL 33852****14 BOB-WHITE TR
LAKE PLACID FL 33852-7141**3. Date Incorporated or Qualified
02/27/19863a. Date of Last Report
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETENAME **PENICK, KENNETH R**
STREET ADDRESS **64 PINE AIRE CIRCLE**
CITY-ST-ZIP **LAKE PLACID FL**1.1 TITLE ☐ Change ☐ AdditionTITLE **DC** ☐ DELETENAME **FILIP, PAUL**
STREET ADDRESS **17 BOB-WHITE TRAIL**
CITY-ST-ZIP **LAKE PLACID FL**2.1 TITLE ☐ Change ☐ AdditionTITLE **D** ☒ DELETENAME **TURNER, WILLIAM**
STREET ADDRESS **10 PLEASANT VIEW**
CITY-ST-ZIP **LAKE PLACID FL**3.1 TITLE **D** ☒ Change ☐ AdditionTITLE **PD** ☐ DELETENAME **BRAMAN, WARREN**
STREET ADDRESS **7 ARMADILLO TRAIL**
CITY-ST-ZIP **LAKE PLACID FL**4.1 TITLE ☐ Change ☐ AdditionTITLE **D** ☒ DELETENAME **HUNTER, CHARLES**
STREET ADDRESS **8 SANDY POINT**
CITY-ST-ZIP **LAKE PLACID FL**5.1 TITLE **D** ☒ Change ☐ AdditionTITLE **ST** ☐ DELETENAME **JOHNSON, MARGARET**
STREET ADDRESS **14 BOB-WHITE TRAIL**
CITY-ST-ZIP **LAKE PLACID FL**6.1 TITLE ☐ Change ☐ Addition

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/7/97**
Date**941-465-0376**
Daytime Phone # 0053878

CR2E037 (9/96)