


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N13606					
1. Corporation Name LAKESIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION OF 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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/27/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2873327	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	
Trust Fund Contribution					

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			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS MATTHYSSE, LES CITY-ST-ZIP 32 PLEASANT VIEW LAKE PLACID FL				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS FILIP, PAUL CITY-ST-ZIP 17 BOB-WHITE TRAIL LAKE PLACID FL				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Jake Dendinger 2.3 STREET ADDRESS 4 Armadilla Trail 2.4 CITY-ST-ZIP Lake Placid, FL 33852			
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS ENGLE, DORIS CITY-ST-ZIP 37 PINE AIRE CIR. LAKE PLACID FL				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME PD STREET ADDRESS BRAMAN, WARREN CITY-ST-ZIP 7 ARMADILLO TRAIL LAKE PLACID FL				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME DC STREET ADDRESS SNYDER, EMMA CITY-ST-ZIP 17 PLEASANT VIEW LAKE PLACID FL				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME ST STREET ADDRESS JOHNSON, MARGARET CITY-ST-ZIP 14 BOB-WHITE TRAIL LAKE PLACID FL				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: Margaret Johnson, Sec. Treas. *Margaret Johnson* 4/8/99 (941) 465-0376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #