2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90021 005 ***150.00

DOCUMENT # H91390

1. Entity Name

LAKESIDE VILLAGE MOBILE HOME PARK HOMEOWNERS' AS

Principal Place of Business	Mailing Address
11000 S.E. FEDERAL HIGHWAY. LOT #7 HOBE SOUND FL 33455	11000 S.E. FEDERAL HIGHWAY. LOT #7 HOBE SOUND FL 33455-5020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2618890 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DURGIN, CAROL 71 LAKESIDE VILLAGE 11000 S.E. FEDERAL HIGHWAY HOBE SOUND FL 33455	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Carol Durgin Carol B. Durgin 4/10/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHRISTENSEN, HANS 126 LAKESIDE VILLAGE HOBE SOUND FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KAMMERAAD, GRACE 30 LAKESIDE VILLAGE HOBE SOUND FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FULTON, EDGAR 147 LAKESIDE VILLAGE HOBE SOUND FL 33455	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T King, Raymond 98 Lakeside Village Hobe Sound, Fl 33455 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COPPA, VIRGINIA 130 LAKESIDE VILLAGE HOBE SOUND FL 33455	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RISH, CHARLES 78 LAKESIDE VILLAGE HOBE SOUND FL 33455	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Renton, Bruce 15 Lakeside Village Hobe Sound, FL 33455 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOCKENSMITH, BRUCE 143 LAKESIDE VILLAGE HOBE SOUND FL 33455	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Courtemanche, Leo 69 Lakeside Village Hobe Sound, FL 33455 ☑ Change ☐ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hans M. Christensen Hans Christensen, Pres. 4.10.00 561.546-4614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #