

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13606

1. Entity Name

LAKESIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION O

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90059 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

14 BOB-WHITE TR  
LAKE PLACID FL 33852

14 BOB-WHITE TR  
LAKE PLACID FL 33852-7141

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

59-2873327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MATTHYSSE, LES  
CITY-ST-ZIP 32 PLEASANT VIEW  
LAKE PLACID FL

TITLE ☒ Change ☐ Addition  
NAME PD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DENDINGER, JAKE  
CITY-ST-ZIP 4 ARMADILLA TRAIL  
LAKE PLACID FL 33852

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME D  
STREET ADDRESS ENGLE, DORIS  
CITY-ST-ZIP 37 PINE AIRE CIR.  
LAKE PLACID FL

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Myers, Martha  
CITY-ST-ZIP 12 Bob-White Trail  
Lake Placid, FL 33852

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

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Cox, C. A.  
CITY-ST-ZIP 6 Bob-White Trail  
Lake Placid, FL 33852

TITLE ☐ Delete  
NAME DC  
STREET ADDRESS SNYDER, EMMA  
CITY-ST-ZIP 17 PLEASANT VIEW  
LAKE PLACID FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Johnson *Margaret Johnson* 4/25/00 465-0376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)