

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90179 041 \*\*\*\*61.25

**DOCUMENT # N13606**

1. Entity Name

**LAKESIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION O  
F 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**

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**

**766909**



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	PD	<input type="checkbox"/> Delete
NAME	MATTHYSSE, LES	
STREET ADDRESS	32 PLEASANT VIEW	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENDINGER, JAKE	
STREET ADDRESS	4 ARMADILLA TRAIL	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, C A	
STREET ADDRESS	6 BOB-WHITE TRAIL	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, JAMES G	
STREET ADDRESS	26 PLEASANT VIEW	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	DC	<input type="checkbox"/> Delete
NAME	SNYDER, EMMA	
STREET ADDRESS	17 PLEASANT VIEW	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JOHNSON, MARGARET	
STREET ADDRESS	14 BOB-WHITE TRAIL	
CITY-ST-ZIP	LAKE PLACID FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Willis	
STREET ADDRESS	26 Pine Aire Circle	
CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *M. MARGARET JOHNSON*  
*M. Margaret Johnson, Sec./Treas. 4/8/2002 465-0376*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)