2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90239 012 ****61.25

DOCUMENT # N13606

1. Entity 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

1st MOORE CR2E037 (10/04)

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MATTHYSSE, LES 32 PLEASANT VIEW LAKE PLACID FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUDICEL, RON 13 RANCH ROAD LAKE PLACID FL 33852	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROWE, PHIL 22 CURRY TRL. LAKE PLACID, FL. 33852. ■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, ROBERT 32 PINE AIRE CIRCLE LAKE PLACID FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, JAMES G 26 PLEASANT VIEW LAKE PLACID FL 33852	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAWLINGS, JOHN 4 SUNRISE VIEW LAKE PLACID, FL 33852. ■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARRETT, JOHN 1 RANCH ROAD LAKE PLACID FL 33852	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UPTON, JAMES 12 TURTLE ROAD LAKE PLACID, FL 33852. ■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JOHNSON, MARGARET 14 ~~BOB-WHITE TRAIL~~ CURRY TRL. LAKE PLACID FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 4/13/05 863-465-0376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #