


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90178 022 ****61.25

DOCUMENT # N13606	
1. Entity 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
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2. Principal Place of Business <i>3 Bay Tree Lane</i>	3. Mailing Address <i>3 Bay Tree Lane</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State <i>Lake Placid FL</i>	City & State <i>Lake Placid FL</i>
Zip <i>33852</i>	Country <i>USA</i>

4. FEI Number 59-2873327	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, MARGARET 14 BOB-WHITE TR LAKE PLACID FL 33852	
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7. Name and Address of New Registered Agent	
Name <i>Elaine Libby</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>3 Bay Tree Lane</i>	
City <i>Lake Placid</i>	FL Zip Code <i>33852</i>

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 <i>Elaine Libby</i> ST ELAINE LIBBY	DATE <i>4/16/06</i>

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTHYSSE, LES 32 PLEASANT VIEW LAKE PLACID FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, PHIL 22 CURRY TRAIL LAKE PLACID FL 33852 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ROBERT 32 PINE AIRE CIRCLE LAKE PLACID FL 33852 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAWLINGS, JOHN 4 SUNRISE VIEW LAKE PLACID FL 33852 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UPTON, JAMES 12 TURTLE ROAD LAKE PLACID FL 33852 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, MARGARET 14 BOB-WHITE TRAIL LAKE PLACID FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Upton, James</i> <i>12 Turtle Rd</i> <i>Lake Placid, FL 33852</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Kenneth Gardner</i> <i>9 Turtle Rd</i> <i>Lake Placid, FL 33852</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <i>Elaine Libby</i> <i>3 Bay Tree Lane</i> <i>Lake Placid FL 33852</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Elaine Libby</i> ST ELAINE LIBBY	DATE <i>4/17/06</i>
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