

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90003 027 ****61.25

DOCUMENT # N13606 1. Entity Name LAKESIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION OF LAKE PLACID, INC.					
Principal Place of Business 3 BAY TREE DAME LAKE ALFRED, FL 33850			Mailing Address 3 BAY TREE DAME LAKE ALFRED, FL 33850		
2. Principal Place of Business - No P.O. Box # 5 PLEASANT VIEW Suite, Apt. #, etc.		3. Mailing Address 5 PLEASANT VIEW Suite, Apt. #, etc.		4. FEI Number 59-2873327	
City & State LAKE PLACID, FL		City & State LAKE PLACID, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 33852		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIBBY, ELAINE 3 BAY TREE DAME LAKE PLACID, FL 33852				7. Name and Address of New Registered Agent Name PHILLIP D. ROWE Street Address (P.O. Box Number is Not Acceptable) 5 PLEASANT VIEW City LAKE PLACID FL 33852	
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 <u>Phillip D. Rowe</u> PHILLIP D. ROWE <u>6/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPTON, JAMES 12 TURTLE RD. LAKE PLACID, FL 33852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, PHIL 22 CURRY TRAIL LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D ROWE, PHILLIP D. 22 SKYLARK DRIVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ROBERT 32 PINE AIRE CIRCLE LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D SESKO, ROBERT 49 PINE AIRE CIRCLE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAWLINGS, JOHN 4 SUNRISE VIEW LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D WARCHOL, KAREN 10 PLEASANT VIEW LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, KENNETH 9 TURTLE ROAD LAKE PLACID, FL 33852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIBBY, ELAINE 3 BAY TREE DAME LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Phillip D. Rowe</u> PHILLIP D. ROWE <u>6/11/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					