



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90068 012 \*\*\*\*61.25

<b>DOCUMENT # N13606</b> 1. Entity Name <b>LAKE SIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION OF LAKE PLACID, INC.</b>					
Principal Place of Business <b>5 PLEASANT VIEW LAKE PLACID, FL 33852</b>				Mailing Address <b>5 PLEASANT VIEW LAKE PLACID, FL 33852</b>	
2. Principal Place of Business - No P.O. Box # <b>7 PLEASANT VIEW</b> Suite, Apt. #, etc.		3. Mailing Address <b>7 PLEASANT VIEW</b> Suite, Apt. #, etc.			
City & State <b>LAKE PLACID, FL</b> Zip <b>33852</b>		City & State <b>LAKE PLACID, FL</b> Zip <b>33852</b>		4. FEI Number <b>59-2873327</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROWE, PHILLIP D 5 PLEASANT VIEW LAKE PLACID, FL 33852</b>				7. Name and Address of New Registered Agent Name <b>BEVERLY M. BYRNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7 PLEASANT VIEW</b> City <b>LAKE PLACID</b> <b>FL</b> Zip Code <b>33852</b>	
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>Beverly M. Byrne</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>BEVERLY M. BYRNE</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>4/18/08</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPTON, JAMES 12 TURTLE RD. LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIP D. ROWE 22 SKYLINE DRIVE LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, PHIL 22 SKYLINE DR LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAROLD BARKER 13 RANCH ROAD LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SESKO, ROBERT 49 PINE AIRE CIR 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 WARCHOL, KAREN 10 PLEASANT VIEW LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELAINE NAYLOR 18 PINE AIRE CIRCLE LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	--	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEVERLY M. BYRNE 7 PLEASANT VIEW LAKE PLACID, FL 33852	<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 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: <i>Beverly M. Byrne</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>BEVERLY M. BYRNE</b> <small>Date</small>		<b>4/18/08</b> <small>Daytime Phone #</small>	