

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13606

FILED
Apr 13, 2009
Secretary of State

Entity Name: LAKESIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION OF LAKE PLACID, INC.

Current Principal Place of Business:

7 PLEASANT VIEW
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

7 PLEASANT VIEW
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 59-2873327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWE, PHILLIP D
7 PLEASANT VIEW
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

BYRNE, BEVERLY M
7 PLEASANT VIEW
LAKE PLACID, FL 33852 US

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: BEVERLY M.. BYRNE

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARKER, HAROLD
Address: 13 RANCH ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: PD () Delete
Name: ROWE, PHIL
Address: 22 SKYLINE DR
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: SESKO, ROBERT
Address: 49 PINE AIRE CIR
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: NAYLOR, ELAINE
Address: 18 PINE AIRE CIRCLE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: GARDNER, KENNETH
Address: 9 TURTLE ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: ST () Delete
Name: BYRNE, BEVERLY M
Address: 7 PLEASANT VIEW
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GUZAUSKOS, REVIE
Address: 6 PINE AIRE CIRCLE
City-St-Zip: LAKE PLACID, FL 33852

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY M. BYRNE

ST

04/13/2009

Electronic Signature of Signing Officer or Director

Date