

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13606

FILED  
Mar 14, 2012  
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:**

ALVERSON, JEANNE L  
7 PLEASANT VIEW  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BELL, ROBERT  
Address: 46 PINE AIRE CIRCLE  
City-St-Zip: LAKE PLACID, FL 33852

Title: PD  
Name: SCHINDLEBECK, DON  
Address: 35 FISHERSMAN DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: THOMAS, CUTRIS  
Address: 18 ARMADILLO TRL  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: HOUSE, JOANNE  
Address: 8 BAYTREE LANE  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: LACOURT, ELLIS  
Address: 25 RANCH ROAD  
City-St-Zip: LAKE PLACID, FL 33852

Title: ST  
Name: ALVERSON, JEANNE  
Address: 7 PLEASANT VIEW  
City-St-Zip: LAKE PLACID, FL 33852

I hereby 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 all other like empowered.

SIGNATURE: JEANNE ALVERSON

ST

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date