

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13606

Entity Name: LAKESIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION OF LAKE PLACID, INC.**FILED**
Sep 10, 2016
Secretary of State
CC5443894107**Current Principal Place of Business:**7 PLEASANT VIEW
LAKE PLACID, FL 33852**Current Mailing Address:**7 PLEASANT VIEW
LAKE PLACID, FL 33852 US**FEI Number: 59-2873327****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOORE, KAREN S
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: KAREN S. MOORE****09/10/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HURLEY, BRIAN J
Address	10 SKYLINE DR
City-State-Zip:	LAKE PLACID FL 33852

Title	DIRECTOR
Name	HOUT, MICHEL
Address	23 PLEASANT VIEW
City-State-Zip:	LAKE PLACID FL 33852

Title	DIRECTOR
Name	HUGHES, AL
Address	6 SKYLINE DR
City-State-Zip:	LAKE PLACID FL 33852

Title	DIRECTOR
Name	PAGE, DALE
Address	15 TURTLE
City-State-Zip:	LAKE PLACID FL 33852

Title	DIRECTOR
Name	BURKE, RAYMOND
Address	10 TURTLE
City-State-Zip:	LAKE PLACID FL 33852

Title	SECRETARY, TREASURER
Name	MOORE, KAREN S
Address	4 SANDY POINT
City-State-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: KAREN MOORE**SECRETARY/TREASURER 09/10/2016**

Electronic Signature of Signing Officer/Director Detail

Date