

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13606

Entity Name: LAKESIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION OF LAKE PLACID, INC.**FILED**
May 05, 2020
Secretary of State
1863149551CC**Current Principal Place of Business:**18 SKYLINE DRIVE
LAKE PLACID, FL 33852**Current Mailing Address:**18 SKYLINE DRIVE
LAKE PLACID, FL 33852 US**FEI Number: 59-2873327****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GOMEZ, JOSE P
18 SKYLINE DRIVE
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: JOSE P. GOMEZ****05/05/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	GOMEZ, JOSE P.
Address	18 SKYLINE DRIVE
City-State-Zip:	LAKE PLACID FL 33852

Title	DIRECTOR
Name	JACKSON, RICKIE A
Address	26 PLEASANT VIEW
City-State-Zip:	LAKE PLACID FL 33852

Title	VP
Name	RESCHKE, RUSS
Address	19 RANCH ROAD
City-State-Zip:	LAKE PLACID FL 33852

Title	DIRECTOR
Name	HEINISCH, CARL
Address	15 TURTLE ROAD
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: JOSE P. GOMEZ**PRESIDENT****05/05/2020**

Electronic Signature of Signing Officer/Director Detail

Date