

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13606

**Entity Name:** LAKESIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION OF LAKE PLACID, INC.**FILED**  
**Jan 22, 2023**  
**Secretary of State**  
**6005377386CC****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****01/22/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	VP
Name	GOMEZ, JOSE P.	Name	RESCHKE, RUSS
Address	18 SKYLINE DRIVE	Address	19 RANCH ROAD
City-State-Zip:	LAKE PLACID FL 33852	City-State-Zip:	LAKE PLACID FL 33852
Title	DIRECTOR	Title	DIRECTOR
Name	DIFRANCO , KATHY	Name	POWELL, LIZ
Address	1 SANDY POINT	Address	27 TURTLE ROAD
City-State-Zip:	LAKE PLACID FL 33852	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 PETER GOMEZ****PRESIDENT HOA****01/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date