

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13606

**Entity Name:** LAKESIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION OF LAKE PLACID, INC.**FILED**  
**Mar 19, 2019**  
**Secretary of State**  
**5837593576CC****Current Principal Place of Business:**18 SKYLINE DRIVE  
LAKE PLACID, FL 33852**Current Mailing Address:**PO BOX 832  
LAKE PLACID, FL 33862 US**FEI Number: 59-2873327****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**GOBLE, HELEN R  
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: HELEN R GOBLE****03/19/2019**

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, VP
Name	DUNN-SWANK, VICKIE
Address	12 SANDY POINT
City-State-Zip:	LAKE PLACID FL 33852

Title	DIRECTOR
Name	STOKESBERRY, JIM
Address	20 TURTLE DR.
City-State-Zip:	LAKE PLACID FL 33852

Title	TREASURER, DIRECTOR
Name	GOBLE, HELEN R
Address	3 RANCH ROAD
City-State-Zip:	LAKE PLACID FL 33852

Title	SECRETARY
Name	LYBARGER, PHYLLIS A
Address	26 PLEASANT VIEW
City-State-Zip:	LAKE PLACID FL 33852

Title	DIRECTOR
Name	JACKSON, RICKIE A
Address	26 PLEASANT VIEW
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: HELEN GOBLE****TREASURER****03/19/2019**

Electronic Signature of Signing Officer/Director Detail

Date