

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H91390

FILED
Feb 10, 2017
Secretary of State
CC8993987507

Entity Name: LAKESIDE VILLAGE MOBILE HOME PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

11000 S.E. FEDERAL HIGHWAY, LOT # 7
HOBE SOUND, FL 33455

Current Mailing Address:

11000 S.E. FEDERAL HIGHWAY, LOT # 7
HOBE SOUND, FL 33455

FEI Number: 59-2618890

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BATES-BARRON, SANDRA R
11000 SE FEDERAL HWY
LOT #27
HOBE SOUND, FL 33455 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name VALINCIA, JOANNE
Address 1100 SE FEDERAL HWY, #15
City-State-Zip: HOBE SOUND FL 33455

Title TREASURER
Name BENOIT, JACK
Address 11000 SE FEDERAL HWY., LOT # 13
City-State-Zip: HOBE SOUND FL 33455

Title VP
Name LOUPIS, NICK
Address 1100 S.E. FEDERAL HWY LOT #92
City-State-Zip: HOBE SOUND FL 33455

Title MD
Name ROETMAN, JOHN
Address 1100 SE FEDERAL HWY LOT #107
City-State-Zip: HOBE SOUND FL 33455

Title SALES
Name FONTANA, BARBARA
Address 11000 S E FEDERAL HWY. LOT #66
City-State-Zip: HOBE SOUND FL 33455

Title SECRETARY
Name PETRO, JOYCE A
Address 11000 S E FEDERAL HWY. LOT 24
City-State-Zip: HOBE SOUND FL 33455

Title SECURITY
Name GIRARD, DAN
Address 11000 S E FEDERAL HWY LOT 84
City-State-Zip: HOBE SOUND FL 33455

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACK BENOIT

TREASURER

02/10/2017

Electronic Signature of Signing Officer/Director Detail

Date