

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H91390** (5)

1. Corporation Name

LAKE SIDE VILLAGE MOBILE HOME PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified
12/24/1985

3a. Date of Last Report
07/19/1995

4. FEI Number

59-2618890

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DURGIN, CAROL
21 LAKESIDE VILLAGE
11000 S.E. FEDERAL HIGHWAY
HOBE SOUND FL 33455**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD POYNTON, RUTH**
STREET ADDRESS **97 LAKESIDE VILLAGE**
CITY-ST-ZIP **HOBE SOUND FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S GAZZOLA, GENEVIEVE**
STREET ADDRESS **94 LAKESIDE VILLAGE**
CITY-ST-ZIP **HOBE SOUND FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T FULTON, EDGAR**
STREET ADDRESS **147 LAKESIDE VILLAGE**
CITY-ST-ZIP **HOBE SOUND FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **VD GRAHAM, WILLIAM**
STREET ADDRESS **135 LAKESIDE VILLAGE**
CITY-ST-ZIP **HOBE SOUND FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **VD JOCHMUS, RICHARD**
4.3 STREET ADDRESS **81 LAKESIDE VILLAGE**
4.4 CITY-ST-ZIP **HOBE SOUND, FL. 33455**

TITLE ☐ DELETE
NAME **VD RENTON, BRUCE**
STREET ADDRESS **15 LAKESIDE VILLAGE**
CITY-ST-ZIP **HOBE SOUND FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **VD BODTKER, KISA**
STREET ADDRESS **12 LAKESIDE VILLAGE**
CITY-ST-ZIP **HOBE SOUND FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **VD BODTKER, LISA**
6.3 STREET ADDRESS **12 LAKESIDE VILLAGE**
6.4 CITY-ST-ZIP **HOBE SOUND, FL. 33455**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that the information indicated on this annual report or supplemental annual report; that I am an officer or director of the corporation or the receiver or trustee or appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Ruth E. Poynton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER
RUTH E. POYNTON

7.1
7.2
7.3
7.4

TITLE
NAME
ADDRESS
CITY

D
EDWARDS, PAULINE
16 LAKESIDE VILLAGE
HOBE SOUND, FL 33455

X CHANGE

CR2E034 (12/95)