

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H91390** (5)

1. Corporation Name

LAKESIDE 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 33455-5093**



3. Date Incorporated or Qualified
12/24/1985

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	POYNTON, RUTH
STREET ADDRESS	97 LAKESIDE VILLAGE
CITY - ST - ZIP	HOBE SOUND FL
TITLE	S <input type="checkbox"/> DELETE
NAME	GAZZOLA, GENEVIEVE
STREET ADDRESS	94 LAKESIDE VILLAGE
CITY - ST - ZIP	HOBE SOUND FL
TITLE	T <input type="checkbox"/> DELETE
NAME	FULTON, EDGAR
STREET ADDRESS	147 LAKESIDE VILLAGE
CITY - ST - ZIP	HOBE SOUND FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	JOCHMUS, RICHARD
STREET ADDRESS	81 LAKESIDE VILLAGE
CITY - ST - ZIP	HOBE SOUND FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	RENTON, BRUCE
STREET ADDRESS	15 LAKESIDE VILLAGE
CITY - ST - ZIP	HOBE SOUND FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BODTKER, LISA
STREET ADDRESS	12 LAKESIDE VILLAGE
CITY - ST - ZIP	HOBE SOUND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MILDRED E. JORDAN
1.3 STREET ADDRESS	141 LAKESIDE VILLAGE
1.4 CITY - ST - ZIP	HOBE SOUND, FL.
2.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GORDON WALDIE
2.3 STREET ADDRESS	9 LAKESIDE VILLAGE
2.4 CITY - ST - ZIP	HOBE SOUND, FL.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CHARLES RISH
4.3 STREET ADDRESS	78 LAKESIDE VILLAGE
4.4 CITY - ST - ZIP	HOBE SOUND, FL.
5.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN LALKA
5.3 STREET ADDRESS	100 LAKESIDE VILLAGE
5.4 CITY - ST - ZIP	HOBE SOUND, FL.
6.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VIRGINIA COPPA
6.3 STREET ADDRESS	130 LAKESIDE VILLAGE
6.4 CITY - ST - ZIP	HOBE SOUND, FL.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in s. 199.032, Florida Statutes, and that the information indicated on this annual report or supplemental annual report is true. I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mildred E. Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

7.1
7.2
7.3

TITLE
NAME
ADDRESS

VD
JOHN BODNAR
13 LAKESIDE VILLAGE
HOBE SOUND, FL.

X CHANGE

CR2E034 (9/96)