

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H91390

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

DURGIN, CAROL
LAKESIDE VILLAGE 71 LAKESIDE VILLAGE
11000 S.E. FEDERAL HIGHWAY
HOBE SOUND FL 33455

3. Date Incorporated or Qualified

12/24/1985

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

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

Carol C. Durgin CAROL C. DURGIN

4/28/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	NICOTRA, ANGELO	11000 SE FEDERAL HWY	HOBE SOUND FL 33455	<input checked="" type="checkbox"/>
SD	DOUGLAS, AUDREY	11000 S.E. FEDERAL HIGHWAY, LOT #7	HOBE SOUND FL 33455	<input checked="" type="checkbox"/>
TD	JORDAN, MILDRED	11000 S.E. FEDERAL HIGHWAY, LOT #7	HOBE SOUND FL 33455	<input checked="" type="checkbox"/>
D	COPPA, VIRGINIA	11000 S.E. FEDERAL HIGHWAY, LOT #7	HOBE SOUND FL 33455	<input type="checkbox"/>
D	RENTON, BRUCE	11000 S.E. FEDERAL HIGHWAY, LOT #7	HOBE SOUND FL 33455	<input checked="" type="checkbox"/>
D	BODNAR, JOHN	11000 S.E. FEDERAL HIGHWAY, LOT #7	HOBE SOUND FL 33455	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	HANS CHRISTENSEN	126 LAKESIDE VILLAGE	HOBE SOUND, FL, 33455	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	GRACE KAMMERAAD	30 LAKESIDE VILLAGE	HOBE SOUND, FL., 33455	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	EDGAR FULTON	147 LAKESIDE VILLAGE	HOBE SOUND, FL. 33455	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	CHARLES RISH	78 LAKESIDE VILLAGE	HOBE SOUND, FL. 33455	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	BRUCE HOCKENSMITH	143 LAKESIDE VILLAGE	HOBE SOUND, FL., 33455	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	COPPA, VIRGINIA	130 LAKESIDE VILLAGE	HOBE SOUND, FL., 33455	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I hereby certify that the information indicated on this annual report or supplemental annual report is true and accurate. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I hereby certify that the information indicated on this annual report or supplemental annual report is true and accurate. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Charles A. Rite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

7.1 TITLE

VD

RALPH RUGGERIO

X CH

CR2E034 (11/98)