

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90030 042 ***150.00

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DOCUMENT # H91390			
1. Entity 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 Same		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33455	Country	Zip	Country
6. Name and Address of Current Registered Agent POYNTON, RUTH E 11000 SE FEDERAL HWY #97 HOBE SOUND FL 33455		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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 <u><i>Ruth E. Poynton, Office Manager</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RISH, CHARLES A 11000 SE FEDERAL HWY #78 HOBE SOUND FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAMMERAAD, GRACE 11000 SE FEDERAL HWY #30 HOBE SOUND FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kammeraad, Grace 11000 SE Federal Hwy, #30 Hobe Sound, FL. 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Little mng</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, CURTIS 11000 SE FEDERAL HWY #134 HOBE SOUND FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Clark, Curtis 11000 SE Federal Hwy., #134 Hobe Sound, FL. 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Little mng</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COPPA, VIRGINIA 130 LAKESIDE VILLAGE HOBE SOUND FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Fritz, John 11000 SE Federal Hwy. #16 Hobe Sound FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUETSCH, GEORGE 11000 SE FEDERAL HWY #127 HOBE SOUND FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, George Monast, Roland 11000 SE Federal Hwy. #127 Hobe Sound, FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFOCY, THERESA 11000 SE FEDERAL HWY #28 HOBE SOUND FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Defocy, Theresa 11000 SE Federal Hwy., #28 Hobe Sound, FL. 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Little mng</i>
13. 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 report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Grace A. Kammeraad</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Grace A. Kammeraad, Sec.		3/22/02 725463191 <small>Date Daytime Phone #</small>	

CR2E034 (9/01)

**Lakeside
Village**

**Lakeside Village Mobile Home Park Homeowners Association, Inc.
11000 S.E. Federal Highway, #7 Lakeside Village
Hobe Sound, FL 33455
Phone / Fax (561) 546-3191**

March 22, 2002

Attachments

UNIFORM BUSINESS REPORT (UBR) 2002

LAKESIDE VILLAGE MOBILE HOME PARK HOMEOWNERS ASSOC. INC

*# 1/9/390
753708*

IN 2002 WE ONLY HAD 6 DIRECTORS, BUT THIS YEAR WE WERE ABLE TO ELECT 7 DIRECTORS. THE ATTACHED FORM HAS BEEN FILLED OUT, BUT IF THERE ARE ANY QUESTIONS, THIS LETTER WILL HAVE THEM LISTED IN ORDER. THANK YOU

Ruth E. Poynton

RUTH E. POYNTON
REGISTERED AGENT

CHARLES A. RISH PRESIDENT
THERESA DEFOCY VICE PRESIDENT
GRACE KAMMERAAD SECRETARY
JOHN FITZ TREASURER
CURTIS CLARK DIRECTOR
GEORGE BRUETSCH DIRECTOR
ROLAND MONAST DIRECTOR