

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90056 023 ***150.00

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		03232007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-2618890				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATES-BARRON, SANDRA R 11000 SE FEDERAL HWY LOT #27 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Sandra R. Bates-Barron</i></u> <u><i>3/23/07</i></u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTENSEN, HANS 11000 SE FEDERAL HWY, # 126 HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Krugi, Donald 11000 SE Federal Hwy #144 Hobe Sound FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AHERN, PATRICIA 1100 SE FEDERAL HWY, # 131 HOBE SOUND, FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. De Vito, Jo-Ann 11000 SE Federal Hwy #14 Hobe Sound, FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEARY, DAVID 11000 SE FEDERAL HWY., LOT #129 HOBE SOUND, FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Russo, John 11000 SE Federal Hwy #125 Hobe Sound FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAKESIAN, MICHAEL 11000 SE FEDERAL HWY, # 91 HOBE SOUND, FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, BERINE 11000 SE FEDERAL HWY., LOT #33 HOBE SOUND, FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUG, DONALD 11000 SE FEDERAL HWY, # 144 HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Michael Takesian</i></u> <u><i>3/23/07</i></u> <u><i>772-546-3981</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					