

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H91390

FILED
Mar 11, 2011
Secretary of State

Entity Name: LAKESIDE VILLAGE MOBILE HOME PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2618890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES-BARRON, SANDRA R
11000 SE FEDERAL HWY
LOT #27
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FLORES, ARTHUR
Address: 11000 SE FEDERAL HWY #104
City-St-Zip: HOBE SOUND, FL 33455

Title: SD
Name: PARISH, BUD
Address: 1100 SE FEDERAL HWY, # 64
City-St-Zip: HOBE SOUND, FL 33455

Title: VP
Name: FISHER, BERNIE
Address: 11000 SE FEDERAL HWY., LOT # 63
City-St-Zip: HOBE SOUND, FL 33455

Title: D
Name: PETRO, JOYCE
Address: 11000 SE FEDERAL HWY LOT 24
City-St-Zip: HOBE SOUND, FL 33455

Title: T
Name: SMITH, DOUG
Address: 1100 S.E. FEDERAL HWY LOT # 132
City-St-Zip: HOBE SOUND, FL 33455

Title: MD
Name: FULLER, MATE
Address: 1100 SE FEDERAL HWY LOT #99
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA R. BATES-BARRON

R.G.

03/11/2011

Electronic Signature of Signing Officer or Director

Date