FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:26

DOCUMENT # N06975 (9)

1. Corporation Name

LAKESIDE OF THE PALM BEACHES MOBILE HOME PARK HOMEOWNERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
1729 MANOR AVE WEST PALM BEACH FL 33409	1729 MANOR AVE WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1985
3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0097436 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1863 LAKESHORE AVE.	26 1863 LAKESHORE AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WEST PALM BEACH, FL.	City & State 28 WEST PALM BEACH, FL.
Zip / Country 24 33409 / 25 USA	Zip / Country 29 33409 / 30 USA

9. Name and Address of Current Registered Agent

PATTERSON, ROBERT S.
1729 MANOR AVE
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name: ROBERT PRICE
82 Street Address (P.O. Box Number is Not Acceptable): 1863 LAKESHORE AVE.
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33409

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: Fran Schaap — Apr. 3, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	V/D	☒ Change ☐ Addition
NAME	BREWER, STEVE	12 NAME	FRAN SCHAAP	
STREET ADDRESS	1709 MANOR AVENUE	13 STREET ADDRESS	1917 LAKESHORE AVE.	
CITY-ST-ZIP	W. PALM BEACH FL	14 CITY-ST-ZIP	WEST PALM BEACH, FL. 33409	
TITLE	D	21 TITLE	T/D	☒ Change ☐ Addition
NAME	FLEMING, ROBERT	22 NAME	CHRISTOPHER LOVING	
STREET ADDRESS	1820 LAKE SHORE AVE	23 STREET ADDRESS	1537 MANOR AVE.	
CITY-ST-ZIP	W. PALM BEACH FL	24 CITY-ST-ZIP	WEST PALM BEACH, FL. 33409	
TITLE	TD	31 TITLE	S/D	☒ Change ☐ Addition
NAME	HENDERSON, EUGENE	32 NAME	NANCY L. SMITH	
STREET ADDRESS	1879 ALISON DR.	33 STREET ADDRESS	1691 MANOR AVE.	
CITY-ST-ZIP	W. PALM BEACH FL	34 CITY-ST-ZIP	WEST PALM BEACH, FL. 33409	
TITLE		41 TITLE	D	☒ Change ☐ Addition
NAME		42 NAME	ALBERT LAJEUNESSE	
STREET ADDRESS		43 STREET ADDRESS	1841 MANOR AVE.	
CITY-ST-ZIP		44 CITY-ST-ZIP	WEST PALM BEACH, FL. 33409	
TITLE		51 TITLE	D	☒ Change ☐ Addition
NAME		52 NAME	BETSY DAVENPORT	
STREET ADDRESS		53 STREET ADDRESS	1635 ALISON DR.	
CITY-ST-ZIP		54 CITY-ST-ZIP	WEST PALM BEACH, FL. 33409	
TITLE		61 TITLE	D	☒ Change ☐ Addition
NAME		62 NAME	JOE LEWIS	
STREET ADDRESS		63 STREET ADDRESS	1937 LAKESHORE AVE.	
CITY-ST-ZIP		64 CITY-ST-ZIP	WEST PALM BEACH, FL. 33409	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert S. Patterson — 4/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048292

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ADDITIONAL DIRECTORS:

D
PAULINE SHILALIE
1625 ALISON DR.
WEST PALM BEACH, FL. 33409

D
ARLENE HOOLES
2841 PARK LANE
WEST PALM BEACH, FL. 33409

P/D
ROBERT PRICE
1863 LAKESHORE AVE.
WEST PALM BEACH, FL. 33409