

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N06975 (9)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

1863 LAKESHORE AVE.
WEST PALM BEACH FL 33409
US

1863 LAKESHORE AVE
WEST PALM BEACH FL 33409
US

3. Date Incorporated or Qualified
01/07/1985

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRICE, ROBERT
1863 LAKESHORE AVE
WEST PALM BEACH FL 33409

81 Name **F.G. "CHUCK" WOODS**
82 Street Address (P.O. Box Number is Not Acceptable)
2862 RENEE DRIVE
83
84 City **WEST PALM BEACH** FL 85 Zip Code **33409**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **F.G. "CHUCK" WOODS (TREASURER)** **F.A. "Chuck" Woods** **4/5/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHAAP, FRAN	
STREET ADDRESS	1917 LAKESHORE AVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LOVING, CHRISTOPHER	
STREET ADDRESS	1537 MANOR AVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, NANCY L.	
STREET ADDRESS	1691 MANOR AVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAJEUNESSE, ALBERT	
STREET ADDRESS	1841 MANOR AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVENPORT, BETSY	
STREET ADDRESS	1635 ALISON DR.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, JOE	
STREET ADDRESS	1937 LAKESHORE AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TD CHUCK WOOD
2.3 STREET ADDRESS	2862 RENEE DR.
2.4 CITY-ST-ZIP	W. PALM BEACH, FL.
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D ANDREW SMITH
3.3 STREET ADDRESS	1691 MANOR AVE.
3.4 CITY-ST-ZIP	W. PALM BEACH, FL.
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D MERGE SLATER
4.3 STREET ADDRESS	1926 CINNIB AVE.
4.4 CITY-ST-ZIP	W. PALM BEACH, FL.
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D EMILY PERCOCK
5.3 STREET ADDRESS	1685 CINNIB AVE.
5.4 CITY-ST-ZIP	W. PALM BEACH, FL.
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D AILEEN KOLCS
6.3 STREET ADDRESS	2841 PARK LANE
6.4 CITY-ST-ZIP	W. PALM BEACH, FL.

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)(k), 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 PRICE** *Robert U. Price* **2/5/96 (407) 498-0508**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)