

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N06975** (9)

1. Corporation Name

**LAKESIDE OF THE PALM BEACHES MOBILE HOME PARK HO
MEOWNERS 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 ☐ DELETE
NAME **VD**
STREET ADDRESS **SCHAAP, FRAN**
CITY-ST-ZIP **1917 LAKESHORE AVE
W. PALM BEACH FL**

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **LOVING, CHRISTOPHER**
CITY-ST-ZIP **1537 MANOR AVE
W. PALM BEACH FL**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **SMITH, NANCY L.**
CITY-ST-ZIP **1691 MANOR AVE
W. PALM BEACH FL**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **LAJEUNESSE, ALBERT**
CITY-ST-ZIP **1841 MANOR AVE
WEST PALM BEACH FL**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **DAVENPORT, BETSY**
CITY-ST-ZIP **1635 ALISON DR.
WEST PALM BEACH FL**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **LEWIS, JOE**
CITY-ST-ZIP **1937 LAKESHORE AVE
WEST PALM BEACH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)