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FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

1863 LAKESHORE AVE.
WEST PALM BEACH FL 33409
US

Mailing Address

1863 LAKESHORE AVE
WEST PALM BEACH FL 33409-5118
US3. Date Incorporated or Qualified
01/07/19853a. Date of Last Report
04/10/1996

2. Principal Place of Business

21 1691 MANOR AVE

2a. Mailing Address

28 1691 MANOR AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WEST PALM BEACH FL

City & State

28 WEST PALM BEACH FL

Zip

24 33409

Country

25 USA

Zip

29 33409

Country

30 USA

9. Name and Address of Current Registered Agent

F.G. CHUCK WOODS
2862 RENEE DRIVE
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

ANDREW J SMITH JR

82 Street Address (P.O. Box Number is Not Acceptable)

1691 MANOR AVE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retreating)

DATE

PRES. ANDREW J SMITH JR 4/9/97

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHAAP, FRAN	
STREET ADDRESS	1917 LAKESHORE AVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHUCK WOODS	
STREET ADDRESS	2862 RENEE DR.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREW SMITH	
STREET ADDRESS	1691 MANOR AVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARGE SLATER	
STREET ADDRESS	1928 CYNMAR AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EMILY PEACOCK	
STREET ADDRESS	1685 CYNMAR AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARLEEN ECCLES	
STREET ADDRESS	2841 PARK LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT PATTERSON	
1.3 STREET ADDRESS	1729 MANOR AVE	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN MANDELL	
2.3 STREET ADDRESS	1840 LAKESHORE AVE.	
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANDREW J SMITH JR	
3.3 STREET ADDRESS	1691 MANOR AVE	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NANCY SMITH	
4.3 STREET ADDRESS	1691 MANOR AVE	
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GENE HENDERSON	
5.3 STREET ADDRESS	1877 ALLISON DR	
5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MELODY PORTER	
6.3 STREET ADDRESS	1749 ALLISON DR	
6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW J. SMITH JR 4/16/97 361-478-4891

Date Daytime Phone # 0040712

CFR2037 (9/96)