


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06975** (9)

1. Corporation Name

**LAKESIDE OF THE PALM BEACHES MOBILE HOME PARK HO
MEOWNERS ASSOCIATION INC.**

Principal Place of Business

Mailing Address

**1691 MANOR AVE
WEST PALM BEACH FL 33409
US**

**1691 MANOR AVE
WEST PALM BEACH FL 33409
US**

3. Date Incorporated or Qualified

01/07/1985

4. FEI Number

65-0097436

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, ANDREW J JR
1691 MANOR AVE
WEST PALM BEACH FL 33409**

81 Name

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

83

84 City

FL

85 Zip Code

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

Andrew J. Smith Jr.
Signature, typed or printed name of registered agent and title if applicable

ANDREW J. SMITH JR.

(NOTE: Registered Agent signature required when reinstating)

5/11/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	PATTERSON, ROBERT	
STREET ADDRESS	1729 MANOR AVE	
CITY-ST-ZIP	W. PALM BEACH FL 33409	

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOEL WARREN	
1.3 STREET ADDRESS	1878 ALLISON DR	
1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33409	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MANDELL, JOHN	
STREET ADDRESS	1840 LAKESHORE AVE	
CITY-ST-ZIP	W. PALM BEACH FL 33409	

2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> DELETE
NAME	ANDREW SMITH	
STREET ADDRESS	1691 MANOR AVE	
CITY-ST-ZIP	W. PALM BEACH FL 33409	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSEPH LEWIS	
3.3 STREET ADDRESS	1937 LAKESHORE AVE	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, NANCY	
STREET ADDRESS	1691 MANOR AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DEANIS COY	
4.3 STREET ADDRESS	MANOR AVE	
4.4 CITY-ST-ZIP	W. PALM BEACH, FL 33409	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HENDERSON, GENE	
STREET ADDRESS	1879 ALLISON DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	C WANK WOODS	
5.3 STREET ADDRESS	2862 RENE DR	
5.4 CITY-ST-ZIP	W. PALM BEACH, FL 33409	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, MELODY	
STREET ADDRESS	1749 ALLISON DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOSE RIVERA	
6.3 STREET ADDRESS	1590 ALLISON DR	
6.4 CITY-ST-ZIP	W. PALM BEACH, FL 33409	

14. I 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:

Andrew J. Smith Jr.
ANDREW J. SMITH JR. 5/11/98 114098-4091

CR2E037 (10/97)