

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90128 001 \*\*\*\*61.25

DOCUMENT # N06975

1. Corporation Name

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

Principal Place of Business

1691 MANOR AVE  
WEST PALM BEACH FL 33409  
US

Mailing Address

1691 MANOR AVE  
WEST PALM BEACH FL 33409  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 1840 LAKESHORE DR.  
23 City & State  
W.P.B., FL  
24 Zip  
33409

2a. Mailing Address

26 1840 LAKESHORE DR  
27 Suite, Apt. #, etc.  
28 City & State  
W.P.B. FL  
29 Zip  
33409  
30 Country  
US

3. Date Incorporated or Qualified

01/07/1985

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
JOHN MANDELL  
82 Street Address (P.O. Box Number is Not Acceptable)  
1840 LAKESHORE DR.  
83  
84 City  
W.P.B.  
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

*John W. Mandell*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

4-26-99

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, ROBERT	
STREET ADDRESS	1729 MANOR AVE	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MANDELL, JOHN	
STREET ADDRESS	1840 LAKESHORE AVE	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ANDREW SMITH	
STREET ADDRESS	1691 MANOR AVE	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COX, DENNIS	
STREET ADDRESS	1991 MANOR AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, GENE	
STREET ADDRESS	1879 ALLISON DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA, JOSE	
STREET ADDRESS	1590 ALLISON DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN MANDEL	
1.3 STREET ADDRESS	1840 LAKESHORE DR.	
1.4 CITY-ST-ZIP	W. PALM BEACH, FL. 33409	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PATTERSON, ROBERT	
2.3 STREET ADDRESS	1729 MANOR AVE.	
2.4 CITY-ST-ZIP	W. PALM BEACH, FL. 33409	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NANCY SMITH	
3.3 STREET ADDRESS	1691 MANOR AVE	
3.4 CITY-ST-ZIP	W. PALM BEACH, FL. 33409	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WARREN, JOEL	
4.3 STREET ADDRESS	1878 ALISON DR.	
4.4 CITY-ST-ZIP	W. PALM BEACH, FL. 33409	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MANDELL, JOHN WOODS, CHUCK	
5.3 STREET ADDRESS	1840 LAKESHORE AVE 2862	
5.4 CITY-ST-ZIP	W. PALM BEACH, FL. 33409	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	COX, ERIN	
6.3 STREET ADDRESS	1902 LAKESHORE AVE.	
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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

561-697-8012

CR2E037 (11/98)