2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90023 016 ****61.25

DOCUMENT # N06975

1. Entity Name

LAKESIDE OF THE PALM BEACHES MOBILE HOME PARK HO

Principal Place of Business	Mailing Address
1840 LAKESHORE DR WEST PALM BEACH FL 33409 US	1840 LAKESHORE DR WEST PALM BEACH FL 33409-5119 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — Mailing

Suite, Apt. #, etc. — Suite, Apt. #, etc.

City & State — City & State

County — Country

FEI Number 65-0097436 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANDELL, JOHN 1840 LAKESHORE DR WEST PALM BEACH FL 33409	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of individual
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATTERSON, ROBERT 1729 MANOR AVE W. PALM BEACH FL 33409	☒ CHANGE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Paul O'Leary, I F 1820 Lake Shore Drive W. Palm Beach, FL 33409 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D T MANDELL, JOHN 1840 LAKESHORE AVE W. PALM BEACH FL 33409	☒ CHANGE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT SMITH 1615 MANOR AVE W. PALM BEACH 33409 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, NANCY 1691 MANOR AVE W. PALM BEACH FL 33409	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKIE BILES 531 ALLISON AVE W. PALM BEACH, FL 33409 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WARREN, JOEL 1878 ALISON DR WEST PALM BEACH FL 33409	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BETTY HILL 580 ALLISON DR W. PALM BEACH, FL 33409 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODS, CHUCK 2862 ALLISON DR WEST PALM BEACH FL 33409	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT MITCHELL 532 MANOR AVE W. PALM BEACH, FL 33409 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, ERIN 1902 LAKESHORE AVE WEST PALM BEACH FL 33409	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUDY WARE 925 CYNMAR DR W. PALM BEACH, FL 33409 ☐ Change ☒ Addition

CF2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty L. Hill BETTY L. HILL 561-640-5744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #