2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2012
Secretary of State

DOCUMENT# N13606

Entity Name: LAKESIDE VILLAGE MOBILE HOMEOWNERS ASSOCIATION OF LAKE PLACID, INC.

Current Principal Place of Business:

7 PLEASANT VIEW
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

7 PLEASANT VIEW
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 59-2873327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVERSON, JEANNE L
7 PLEASANT VIEW
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: BELL, ROBERT
Address: 46 PINE AIRE CIRCLE
City-St-Zip: LAKE PLACID, FL 33852

Title: PD
Name: SCHINDLEBECK, DON
Address: 35 FISHERSMAN DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: THOMAS, CUTRIS
Address: 18 ARMADILLO TRL
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: HOUSE, JOANNE
Address: 8 BAYTREE LANE
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: LACOURT, ELLIS
Address: 25 RANCH ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: ST
Name: ALVERSON, JEANNE
Address: 7 PLEASANT VIEW
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEANNE ALVERSON ST 03/14/2012

Electronic Signature of Signing Officer or Director — Date