

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N24727** (2)

1. Corporation Name

**ALPINE MOBILE HOME PARK HOMEOWNERS ASSOCIATION OF LAKE PLACID, INC.**



Principal Place of Business

Mailing Address

**WILLIAM PAINE  
5 PENNSYLVANIA AVE.  
LAKE PLACID FL 33852  
US**

**PAINE, WILLIAM  
5 PENNSYLVANIA AVE.  
LAKE PLACID FL 33852  
US**

3. Date Incorporated or Qualified

**02/08/1988**

3a. Date of Last Report

**03/17/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Elmer DeCausin**

26 **Elmer DeCausin**

4. FEI Number

**59-2951494**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **16 Clay St**

27 **16 Clay St**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23 **Lake Placid, FL**

28 **Lake Placid, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

Zip

Country

Zip

Country

24 **33852**

25 **Highland**

29 **33852**

30 **Highland**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAINE, WILLIAM  
5 PENNSYLVANIA AVE.  
LAKE PLACID FL 33852**

81 Name

**E. Clyde Mayfield**

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

**2 Pennyslvania Ave**

83

84 City

**Lake Placid**

FL

85 Zip Code

**33852**

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 617.0603, Florida Statutes.

SIGNATURE

*E. Clyde Mayfield*

**12 Mar 1996**

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BILLSBY, GLEN L</b>	
STREET ADDRESS	<b>14 BRYAN ST</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAYFIELD, CLYDE</b>	
STREET ADDRESS	<b>16 NORTH STREET</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAWSON, DOLORES D</b>	
STREET ADDRESS	<b>2 BRYAN STREET</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAINE, WILLIAM</b>	
STREET ADDRESS	<b>5 PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FALTNOSKI, TOM</b>	
STREET ADDRESS	<b>17 PENN AVE</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STARLIPER, CLARENCE</b>	
STREET ADDRESS	<b>6 PENNSYLVANIA AVE.</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>E. Clyde Mayfield</b>	
1.3 STREET ADDRESS	<b>2 Pennyslvania Ave</b>	
1.4 CITY-ST-ZIP	<b>Lake Placid, FL 33852</b>	
2.1 TITLE	<b>D. P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Elmer DeCausin</b>	
2.3 STREET ADDRESS	<b>16 Clay St</b>	
2.4 CITY-ST-ZIP	<b>Lake Placid, FL 33852</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>Robert Leedy</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>11 Bryan St</b>	
4.3 STREET ADDRESS	<b>Lake Placid, FL</b>	
4.4 CITY-ST-ZIP	<b>33852</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Martin Crabill</b>	
5.3 STREET ADDRESS	<b>10 Bryan St</b>	
5.4 CITY-ST-ZIP	<b>Lake Placid, FL 33852</b>	
6.1 TITLE	<b>Melvin O. Dell</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>13 Clay</b>	
6.3 STREET ADDRESS	<b>Lake Placid, FL</b>	
6.4 CITY-ST-ZIP	<b>33852</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*E. Clyde Mayfield, Pres.*

*E. Clyde Mayfield*

**12 Mar 96**

**944 465 2465**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)