

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000156164

1. Entity Name
LAKESIDE REALTY OF LAKE PLACID, INC.



Principal Place of Business
PO BOX 2680
LAKE PLACID, FL 33862

Mailing Address
PO BOX 2680
LAKE PLACID, FL 33862

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3850753

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KINO, GREGORY S
515 N FLAGLER DRIVE 17TH FLOOR
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000589141
01/18/07-80003-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KINO, GREGORY S
STREET ADDRESS 515 N. FLAGLER DRIVE, 17TH FLOOR
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME PAMELA SMITH ARNONE
STREET ADDRESS P.O. BOX 2680
CITY-ST-ZIP LAKE PLACID, FL 33862

TITLE STD
NAME HOSTINGS, LINDA
STREET ADDRESS P.O. BOX 2680
CITY-ST-ZIP LAKE PLACID, FL 33862

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 its receiver or trustee empowered to execute this report as required by Chapter 607, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06 863-
699-5355
Date Daytime Phone #