

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H91390

Entity Name: LAKESIDE VILLAGE MOBILE HOME PARK HOMEOWNERS' ASSOCIATION, INC.**FILED**
Jan 28, 2015
Secretary of State
CC1739497277**Current Principal Place of Business:**11000 S.E. FEDERAL HIGHWAY, LOT # 7
HOBE SOUND, FL 33455**Current Mailing Address:**11000 S.E. FEDERAL HIGHWAY, LOT # 7
HOBE SOUND, FL 33455**FEI Number: 59-2618890****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BATES-BARRON, SANDRA R
11000 SE FEDERAL HWY
LOT #27
HOBE SOUND, FL 33455 US*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**Officer/Director Detail :**

Title	P
Name	MACKSOUND, ED
Address	11000 SE FEDERAL HWY #128
City-State-Zip:	HOBE SOUND FL 33455

Title	V. P.
Name	FLORES, ARTHUR
Address	1100 SE FEDERAL HWY, #104
City-State-Zip:	HOBE SOUND FL 33455

Title	SEC.
Name	REED, TERRY
Address	11000 SE FEDERAL HWY., LOT # 106
City-State-Zip:	HOBE SOUND FL 33455

Title	TREA
Name	SMITH, DOUG
Address	11000 SE FEDERAL HWY LOT 132
City-State-Zip:	HOBE SOUND FL 33455

Title	SECU
Name	BENOIT, JACK
Address	1100 S.E. FEDERAL HWY LOT #13
City-State-Zip:	HOBE SOUND FL 33455

Title	MD
Name	ROETMAN, JOHN
Address	1100 SE FEDERAL HWY LOT #107
City-State-Zip:	HOBE SOUND FL 33455

Title	SALES
Name	KNOLL, DONNA
Address	11000 S E FEDERAL HWY. LOT #123
City-State-Zip:	HOBE SOUND FL 33455

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUG SMITH**TREASURER.****01/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date