2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H91390

Entity Name: LAKESIDE VILLAGE MOBILE HOME PARK HOMEOWNERS'

ASSOCIATION, INC.

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

FILED Feb 12, 2018

Secretary of State

CC6396483823

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name LOUPIS, NICK Name MERCKER, MOLLY

Address 1100 SE FEDERAL HWY,#92 Address 11000 SE FEDERAL HWY,, LOT #79

City-State-Zip: HOBE SOUND FL 33455 City-State-Zip: HOBE SOUND FL 33455

Title VP Title MD

Name BOETTGER, ANNE Name LEARY, DAVID

Address 1100 S.E. FEDERAL HWY LOT #65 Address 1100 SE FEDERAL HWY LOT #129

City-State-Zip: HOBE SOUND FL 33455 City-State-Zip: HOBE SOUND FL 33455

Title SALES Title SECRETARY

Name FLORES, ARTHUR Name LEMOINE, BEVERLY

Address 11000 S E FEDERAL HWY. LOT #104 Address 11000 S E FEDERAL HWY. LOT 145

City-State-Zip: HOBE SOUND FL 33455 City-State-Zip: HOBE SOUND FL 33455

Title SECURITY
Name BENOIT, JACK

Address 11000 S E FEDERAL HWY LOT 13

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: MOLLY MERCKER TREASURER 02/12/2018

Electronic Signature of Signing Officer/Director Detail

Date