

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H91390

Entity Name: LAKESIDE VILLAGE MOBILE HOME PARK HOMEOWNERS' ASSOCIATION, INC.**FILED**
Mar 26, 2021
Secretary of State
1405200856CC**Current Principal Place of Business:**11000 S.E. FEDERAL HIGHWAY, LOT # 7
HOBE SOUND, FL 33455**Current Mailing Address:**C/O ADVANTAGE PROPERTY MGMT.
1111 SE FEDERAL HWY., SUITE 100
STUART, FL 34994 US**FEI Number: 59-2618890****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SHEA, BARBARA
C/O ADVANTAGE PROPERTY MGMT.
1111 SE FEDERAL HWY., SUITE 100
STUART, FL 34994 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: BARBARA SHEA****03/26/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SMITH, DOUG
Address C/O ADVANTAGE PROPERTY MGMT.
 1111 SE FEDERAL HWY., SUITE 100
City-State-Zip: STUART FL 34994

Title VP
Name LEARY, DAVID
Address C/O ADVANTAGE PROPERTY MGMT.
 1111 SE FEDERAL HWY., SUITE 100
City-State-Zip: STUART FL 34994

Title TREASURER
Name BETZ, BONNIE
Address C/O ADVANTAGE PROPERTY MGMT.
 1111 SE FEDERAL HWY., SUITE 100
City-State-Zip: STUART FL 34994

Title SECRETARY
Name MERCKER, MOLLY
Address C/O ADVANTAGE PROPERTY MGMT.
 1111 SE FEDERAL HWY., SUITE 100
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name AHEARN, PAT
Address C/O ADVANTAGE PROPERTY MGMT.
 1111 SE FEDERAL HWY., SUITE 100
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name ROETMAN, JOHN
Address C/O ADVANTAGE PROPERTY MGMT.
 1111 SE FEDERAL HWY., SUITE 100
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name HOUSE, ROGER
Address C/O ADVANTAGE PROPERTY MGMT.
 1111 SE FEDERAL HWY., SUITE 100
City-State-Zip: STUART FL 34994

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**PRESIDENT****03/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date