

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H91390

**Entity Name:** LAKESIDE VILLAGE MOBILE HOME PARK HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Feb 17, 2025**  
**Secretary of State**  
**1662920557CC****Current Principal Place of Business:**11000 S.E. FEDERAL HIGHWAY, LOT # 7  
HOBE SOUND, FL 33455**Current Mailing Address:**LAKESIDE VILLAGE MHP  
11000 SE FEDERAL HWY. LOT 7B  
HOBE SOUND, FL 33455 US**FEI Number: 59-2618890****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BARRON, SANDRA ROBERTA  
11000 SE FEDERAL HWY..  
LOT 7B  
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: SANDRA R. BARRON****02/17/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GEORGE, LINDA  
Address        11000 SE FEDERAL HWY  
                  LOT 28  
City-State-Zip: HOBE SOND FL 33455

Title            VP  
Name            VALENCIA, JOANNE  
Address        11000 SE FEDERAL HWY.  
                  LOT 15  
City-State-Zip: HOBE SOUND FL 33455

Title            TREASURER  
Name            BENOIT, JACK  
Address        11000 SE FEDERAL HWY  
                  LOT 13  
City-State-Zip: HOBE SOUND FL 33455

Title            SECRETARY  
Name            HALVORSEEN, MAUREEN  
Address        11000 S E FEDERAL HWY  
                  LOT 95  
City-State-Zip: HOBE SOUND FL 33455

Title            DIRECTOR  
Name            KNOWLES, ELLEN  
Address        11000 S E FEDERAL HWY  
                  LOT 76  
City-State-Zip: HOBE SOUND FL 33455

Title            DIRECTOR  
Name            LOUPIS, NICK  
Address        11000 S E FEDERAL HWY.  
                  LOT 92  
City-State-Zip: HOBE SOUND FL 33455

Title            DIRECTOR  
Name            BELLINGER, JOHN  
Address        11000 S E FEDERAL HWY  
                  LOT 100  
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: LINDA GEORGE****PRESIDENT****02/17/2025**

Electronic Signature of Signing Officer/Director Detail

Date