

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1985.
AMOUNT DUE ON OR BEFORE 6/9/85: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 752288

(1)

95 JUN 13 AM 10:13

1. Corporation Name

THE SECOND LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1130 N. LAKE PARKER AVE.
UNIT E235
LAKELAND FL 33805

1130 N. LAKE PARKER AVE.
UNIT E235
LAKELAND FL 33805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1980

3a. Date of Last Report

04/22/1994

4. FEI Number

59-2093397

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 189.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERRY, BEVERLEY C.
1130 N. LAKE PARKER AVE. UNIT E235
LAKELAND FL 33805

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MILLER, ELIZABETH
STREET ADDRESS 1130 N LAKE PARKER AVE., C-125
CITY - ST - ZIP LAKELAND, FL 00000

1.1 TITLE PD
1.2 NAME Holmes, Larry D.
1.3 STREET ADDRESS 1130 N. Lake Parker Ave., E-232
1.4 CITY - ST - ZIP Lakeland, FL 33805

TITLE VD
NAME BURDA, DIANE M.
STREET ADDRESS 2041 OXFORD AVE
CITY - ST - ZIP LAKELAND FL

2.1 TITLE VD
2.2 NAME Miller, Elizabeth
2.3 STREET ADDRESS 1130 N. Lake Parker Ave., C-125
2.4 CITY - ST - ZIP Lakeland, FL 33805

TITLE ST
NAME BERRY, BEVERLY C.
STREET ADDRESS 1130 N.LK.PRIKER AVE#E235
CITY - ST - ZIP LAKELAND FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP Lakeland, FL 33805

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Beverley C. Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverley C. Berry, Secretary

(941) 688-5563

Date

Daytime Phone #

CR2E037 (3/95)