


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90060 030 ****61.25

DOCUMENT # 752288 1. Entity Name THE SECOND LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1130 N LAKE PARKER AVE BLDG C BOX C LAKELAND, FL 33805 US			Mailing Address 1130 N LAKE PARKER AVE BLDG C BOX C LAKELAND, FL 33805 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2093397	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FARENCO, PEGGY B 1130 N LAKE PARKER AVE APT C-322 LAKELAND, FL 33805				7. Name and Address of New Registered Agent Name Shawn Camire Street Address (P.O. Box Number is Not Acceptable) 1130 N. Lake Parker Ave, #E-133 Lakeland, Florida 33805 City Lakeland, Florida FL Zip Code 33805	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAMIRE, SHAWN <input type="checkbox"/> Delete 1130 N LAKE PARKER AVE., E133 LAKELAND, FL 33805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member-At-Large <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARENCE, PEGGY <input type="checkbox"/> Delete 1130 N LAKE PARKER AVE, APT C322 LAKELAND, FL 33805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARNEY, MELANIE <input type="checkbox"/> Delete 1130 N LK PARKER AVE, E 231 LAKELAND, FL 33805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRENCH, JUDY <input checked="" type="checkbox"/> Delete 1130 N LAKE PARKER AVE., E-134 LAKELAND, FL 33805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL TRIBBLE, ADA <input type="checkbox"/> Delete 1130 N LK PARKER AVE, E 335 LAKELAND, FL 33805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>			2/10/07 863-838-3175 <small>Date Daytime Phone #</small>		