## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 752288**

1. Entity Name



Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90080 044 \*\*\*\*61.25

**FILED** 

THE SECTION, INC.	OND LAKESIDE VILLAGE CONDO	DMINIUM ASSOCIA	T						
1130 N LAKE PARKER AVE 1130 BLDG C BOX C BLDG		ailing Address O N LAKE PARKER AVE G C BOX C ELAND FL 33805							
2. Principal Place of Business 3.		Mailing Address		]					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 59-2093397 Applied For Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Sta		\$8.75 Addi	itional	
	6. Name and Address of Current Regis	stered Agent			7. Name and Add	ress of New Registered A			
				Name .					
HOLMES, LARRY				Street Address (PO Box Number is Not Acceptable)					
1130 NO	RTH LAKE PARKER AVE		1/30 N			(P.O. Box Number is Not Acceptable)  Like Parker Ave, Apt, C225			
E232						LAND , FL, 33805			
LAKELAN	ID FL 33805		City			Zip Code			
						, <b>F</b>			
	e named entity submits this statement for the tions of registered agent.	purpose of changing its r	egistered office of	or register	ed agent, or both, in t	the State of Florida. I am f	amiliar with, a	and accept	
					,				
SIGNATURE	Fixed Thom (F	red The	erN)			4/10	103		
OTOTA TOTAL	Signature, typed or printed name of registered agent and title		Registered Agent sign	ature required	when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIRECT	ODS .	11.			S TO OFFICERS AND DIF	RECTORS IN	10	
TITLE	ID	Delete	TITLE	VP R	216 6 6 3 3	FLORCIO	M Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP ,	HOLMES, LARRY D. 1130 N. LAKE PARKER AVE., E-232 LAKELAND FL	<b>23</b> Dodd	NAME STREET ADDRESS CITY-ST-ZIP	113	BO W. Lak Keland	Ebetsole e ParkerA FL,33805	VE, Ap	ot,C/28	
TITLE	D/5	☐ Delete	TITLE				☐ Change	Addition	
NAME	THORN, FRED		NAME			•		ſ	
STREET ADDRESS	1130 NORTH LAKE PARKER AVE #C	225	STREET ADDRESS						
CITY-ST-ZIP	LAKELAND FL 33805		CITY-ST-ZIP						
TITLE	BLOOM HOWARD	Delete_ ~	· FIFLE			<del></del>	_ Change	Addition	
NAME CTRUET ADORESE	1130 N LAKE PARKER AVE C330		NAME STREET ADDRESS					)	
STREET ADORESS CITY-ST-ZIP	LAKELAND FL 33805		CITY-ST-ZIP	'					
TITLE	PD	₩ Delete	TITLE P	/ p.	- 10/1 F	AhANCE	Channe	☐ Addition	
NAME	TURNER, JIM	Delete	NAME 7	/ 3	eggg K	arance e Pärker A EL, 33805	JIE. A	×7 C322	
STREET ADDRESS	1130 N LAKE PARKER AVE E132		STREET ADDRESS	1/ 3/	א אמה או או ס	E1.33865	· • • • • • • • • • • • • • • • • • • •		
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	L &	DELUNG, 1				
TITLE	WPD/T/P	☐ Delete	TITLE				Change	Addition	
NAME	PETERS, CHRIS		NAME	1					
STREET ADDRESS	1130 N LAKE PARKER AVENUE, C-22	7	STREET ADDRESS	1					
CITY-ST-ZIP	LAKELAND FL 33805		CITY-ST-ZIP	<b>_</b>					
TITLE		☐ Delete	TITLE				Change	Addition	
NAME CTREET ADOREGO			NAME CTREET ADDRESS						
STREET ADDRESS			STREET ADDRESS	<b> </b>					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE:

SIGNATURE: