

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700905

**FILED**  
**Jan 05, 2017**  
**Secretary of State**  
**CC0182839657**

**Entity Name:** DOWNTOWN LAKE LAND PARTNERSHIP, INC.

**Current Principal Place of Business:**

122 E MAIN ST  
228  
LAKE LAND, FL 33801

**Current Mailing Address:**

P.O. BOX 3499  
LAKE LAND, FL 33802

**FEI Number:** 59-3186443

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HALLOCK, DAVID DJR.  
GRAYROBINSON  
ONE LAKE MORTON DRIVE  
LAKE LAND, FL 33801 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           DENNIS, LYNN  
Address        111 LAKE HOLLINGSWORTH DR  
City-State-Zip: LAKELAND FL 33801

Title           DIRECTOR  
Name           GLOVER, TERISA  
Address        117 S KENTUCKY AVE  
City-State-Zip: LAKELAND FL 33801

Title           D, SECRETARY  
Name           STEPHENS, MARGARET  
Address        223 N KENTUCKY AVENUE  
City-State-Zip: LAKELAND FL 33801

Title           D, TREASURER  
Name           STEPHENSON, MARY  
Address        402 S KENTUCKY AVE #100  
City-State-Zip: LAKELAND FL 33801

Title           DIRECTOR  
Name           LAKE, KATHRYN  
Address        112 E MAIN ST  
City-State-Zip: LAKELAND FL 33801

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LYNN DENNIS

**PRESIDENT**

**01/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date