

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752288

**Entity Name:** THE SECOND LAKESIDE VILLAGE CONDOMINIUM  
ASSOCIATION, INC.**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC5545115165****Current Principal Place of Business:**1130 N LAKE PARKER AVE  
BLDG C BOX C  
LAKELAND, FL 33805**Current Mailing Address:**1130 N LAKE PARKER AVE  
BLDG C BOX C  
LAKELAND, FL 33805 US**FEI Number: 59-2093397****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JUSTICE, SAMUEL BIII  
6421 MYRTLEWOOD DRIVE  
LAKELAND, FL 33810 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 PT  
Name JUSTICE, SAMUEL BIII  
Address 6421 MYRTLEWOOD DRIVE  
City-State-Zip: LAKELAND FL 33810Title S  
Name MCLAUGHLIN, EILEEN M  
Address 1130 N LAKE PARKER AVE, APT E136  
City-State-Zip: LAKELAND FL 33805Title D  
Name WELLS, TERRY  
Address 1130 N. LAKE PARKER AVENUE,  
#C227  
City-State-Zip: LAKELAND FL 33805Title VP  
Name TRIBBLE, ADA  
Address 1130 N LK PARKER AVE, E 335  
City-State-Zip: LAKELAND FL 33805Title D  
Name STEWART, BRENDA J  
Address 1130 N. LAKE PARKER AVENUE, APT  
C130  
City-State-Zip: LAKELAND FL 33805

*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: SAMUEL JUSTICE****PRESIDENT****01/09/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date