

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752288

Entity Name: THE SECOND LAKESIDE VILLAGE CONDOMINIUM
ASSOCIATION, INC.**FILED**
Apr 23, 2015
Secretary of State
CC5164932862**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****04/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date