

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707755

**Entity Name:** LAKELAND HARBOUR APARTMENTS INC.

**Current Principal Place of Business:**

1600 WEST LAKE PARKER DRIVE  
LAKELAND, FL 33805

**Current Mailing Address:**

1600 W LAKE PARKER DR  
#C6  
LAKELAND, FL 33805 US

**FEI Number:** 59-1196609

**Certificate of Status Desired:** No

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

WALDREN, RAY A  
1600 WEST LAKE PARKER DRIVE,C-6  
LAKELAND, FL 33805 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 P  
Name HIRN, LORI  
Address 1600 W LAKE PARKER DR A21  
City-State-Zip: LAKELAND FL 33805

Title S  
Name SMITH, ROBERT  
Address 1600 W LAKE PARKER DR B9  
City-State-Zip: LAKELAND FL 33805

Title T  
Name WALDREN, RAY A  
Address 1600 W LAKE PARKER DRIVE C6  
City-State-Zip: LAKELAND FL 33805

Title D  
Name CHRISTOPHER, EDWARD  
Address 1600 W LAKE PARKER DR B25  
City-State-Zip: LAKELAND FL 33805

Title VP  
Name PARRISH, LESTER  
Address 1600 WEST LAKE PARKER DRIVE  
B8  
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:** RAY A. WALDREN

**TREASURER**

**03/11/2015**

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

\_\_\_\_\_  
Date