

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:14

DOCUMENT # 702364 (1)  
1. Corporation Name  
LAKE DRIVE APARTMENTS, INC.

Principal Place of Business Mailing Address  
C/O DRINA C. PARKEY 455 AUSTRALIAN AVE. PALM BEACH FL 33480  
C/O DRINA C. PARKEY 455 AUSTRALIAN AVE. PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1971 3a. Date of Last Report 06/10/1994  
4. FEI Number 59-0877051 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
DRINA C. PARKEY  
455 AUSTRALIAN AVENUE  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent  
01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	T
NAME	PHELAN, FRANCIS
STREET ADDRESS	455 AUSTRALIAN AVE.
CITY-ST-ZIP	PALM BCH. FL
TITLE	S
NAME	SCHONBEK, CHARLOTTE
STREET ADDRESS	455 AUSTRALIAN AVE.
CITY-ST-ZIP	PALM BCH. FL
TITLE	D
NAME	BROWNING, EMILY
STREET ADDRESS	455 AUSTRALIAN AVE
CITY-ST-ZIP	PALM BCH, FL 00000
TITLE	P
NAME	JOHN C. HULSE
STREET ADDRESS	455 AUSTRALIAN AVE
CITY-ST-ZIP	PALM BCH, FL 00000
TITLE	D
NAME	SEYMOUR, WALLIS
STREET ADDRESS	455 AUSTRALIAN AVE
CITY-ST-ZIP	PALM BCH, FL 00000
TITLE	VP
NAME	SENNOTT, JOHN
STREET ADDRESS	455 AUSTRALIAN AVE
CITY-ST-ZIP	PALM BCH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Francis Phelan FRANCIS PHELAN 2-15-95 407-655-8470  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr) 8470