

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 702364 (1)
1. Corporation Name

LAKE DRIVE APARTMENTS, INC.



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

3. Date incorporated or Qualified: 03/08/1971
3a. Date of Last Report: 02/20/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-0877051	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Country	30. Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DRINA C. PARKEY 455 AUSTRALIAN AVENUE PALM BEACH FL 33480	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: PHELAN, FRANCIS STREET ADDRESS: 455 AUSTRALIAN AVE. CITY-ST-ZIP: PALM BCH. FL	<input type="checkbox"/> DELETE	1.1 TITLE: DIRECTOR 1.2 NAME: RAUCH, JOROTHY 1.3 STREET ADDRESS: 455 AUSTRALIAN AVE 1.4 CITY-ST-ZIP: PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME: SCHONBEK, CHARLOTTE STREET ADDRESS: 455 AUSTRALIAN AVE. CITY-ST-ZIP: PALM BCH. FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: DIRECTOR 2.2 NAME: MAJOR, HOWARD 2.3 STREET ADDRESS: 455 AUSTRALIAN AVE 2.4 CITY-ST-ZIP: PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: BROWNING, EMILY STREET ADDRESS: 455 AUSTRALIAN AVE CITY-ST-ZIP: PALM BCH. FL 00000	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: DIRECTOR / SECRETARY 3.2 NAME: BUCKNER, CAROLE 3.3 STREET ADDRESS: 455 AUSTRALIAN AVE 3.4 CITY-ST-ZIP: PALM BEACH, FLA 3340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P NAME: JOHN C. HULSE STREET ADDRESS: 455 AUSTRALIAN AVE CITY-ST-ZIP: PALM BCH. FL 00000	<input type="checkbox"/> DELETE	4.1 TITLE: DIRECTOR 4.2 NAME: KIRKLAND, ROBERT 4.3 STREET ADDRESS: 455 AUSTRALIAN AVE 4.4 CITY-ST-ZIP: PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: SEYMOUR, WALLIS STREET ADDRESS: 455 AUSTRALIAN AVE CITY-ST-ZIP: PALM BCH. FL 00000	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: SENNOTT, JOHN STREET ADDRESS: 455 AUSTRALIAN AVE CITY-ST-ZIP: PALM BCH. FL 00000	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Francis W. Phelan Treasurer 4-5-96 407 658 1327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)