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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33480-4526
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3. Date Incorporated or Qualified 03/08/1971	3a. Date of Last Report 04/11/1996
4. FEI Number 59-0877051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Country 25	Country 30

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

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehashing)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	T PHELAN, FRANCIS
STREET ADDRESS	455 AUSTRALIAN AVE.
CITY-ST-ZIP	PALM BCH. FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MAJOR, HOWARD
STREET ADDRESS	455 AUSTRALIAN AVE
CITY-ST-ZIP	PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	DS BUCKNER, CAROLE
STREET ADDRESS	455 AUSTRALIAN AVE
CITY-ST-ZIP	PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	P JOHN C. HULSE
STREET ADDRESS	455 AUSTRALIAN AVE
CITY-ST-ZIP	PALM BCH, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	D KIRKLAND, ROBERT
STREET ADDRESS	455 AUSTRALIAN AVE.
CITY-ST-ZIP	PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP 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 checked="" type="checkbox"/> Addition
1.2 NAME	RAUCH, DOROTHY
1.3 STREET ADDRESS	455 AUSTRALIAN AVE.
1.4 CITY-ST-ZIP	PALM BEACH, FL. 33480
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 does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ Date: **1/9/97** 561-655-8970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0039344

CR2E037 (9/96)