

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified
03/08/1971

4. FEI Number
59-0877051

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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	FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME MAJOR, HOWARD STREET ADDRESS 455 AUSTRALIAN AVE CITY-ST-ZIP PALM BEACH FL	<input type="checkbox"/> DELETE	1.2 NAME	
DS NAME BUCKNER, CAROLE STREET ADDRESS 455 AUSTRALIAN AVE CITY-ST-ZIP PALM BEACH FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
P NAME JOHN C. HULSE STREET ADDRESS 455 AUSTRALIAN AVE CITY-ST-ZIP PALM BCH, FL 00000	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
D NAME KIRKLAND, ROBERT STREET ADDRESS 455 AUSTRALIAN AVE. CITY-ST-ZIP PALM BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE	<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	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E037 (10/97)