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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90105 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702364

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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2. Principal Place of Business 21 455 Australian Suite, Apt. #, etc.	2a. Mailing Address 26 455 Australian Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/08/1971	4. FEI Number 59-0877051
22 City & State Palm Beach	27 City & State Palm Beach	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip FL. 33480	28 Zip FL. 33480	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 CARALYN P. ROBINSON 82 Street Address (P.O. Box Number is Not Acceptable) 455 AUSTRALIAN AVENUE 83 84 City PALM BEACH FL 85 Zip Code 33480
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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 *Caralyn P. Robinson* DATE _____

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHELAN, FRANCIS	1.2 NAME	RAUCH, DOROTHY
STREET ADDRESS	455 AUSTRALIAN AVE.	1.3 STREET ADDRESS	455 AUSTRALIAN AVE, P.B. FL.
CITY-ST-ZIP	PALM BCH. FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJOR, HOWARD	2.2 NAME	MAJOR, HOWARD
STREET ADDRESS	455 AUSTRALIAN AVE	2.3 STREET ADDRESS	455 Australian Ave, P.B. FL.
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BUCKNER, CAROLE	3.2 NAME	
STREET ADDRESS	455 AUSTRALIAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	JOHN C. HULSE	4.2 NAME	
STREET ADDRESS	455 AUSTRALIAN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	KIRKLAND, ROBERT	5.2 NAME	
STREET ADDRESS	455 AUSTRALIAN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	SENNOTT, JOHN	6.2 NAME	
STREET ADDRESS	455 AUSTRALIAN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	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, with all other like empowered.

SIGNATURE: *John C. Hulse* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)