


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90186 022 ****61.25

DOCUMENT # 702364					
1. Entity Name LAKE DRIVE APARTMENTS, INC.					
Principal Place of Business 455 AUSTRALIAN AVE. PALM BEACH, FL 33480		Mailing Address 455 AUSTRALIAN AVE. PALM BEACH, FL 33480			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0877051	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBINSON, CARALYN P 455 AUSTRALIAN AVE. PALM BEACH, FL 33480			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY, STEPHEN W		NAME	W, STEPHEN MURRAY	
STREET ADDRESS	455 AUSTRALIAN AVE.		STREET ADDRESS	455 AUSTRALIAN AVE	
CITY-ST-ZIP	PALM BCH., FL 33480		CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAJOR, HOWARD		NAME	CHARLES A KIBORT JR.	
STREET ADDRESS	455 AUSTRALIAN AVE		STREET ADDRESS	455 AUSTRALIAN AVE	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCKNER, CAROLE		NAME	JAMES SHEERAN	
STREET ADDRESS	455 AUSTRALIAN AVE		STREET ADDRESS	455 AUSTRALIAN AVE	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIBORT, CHARLES A JR		NAME	JOAN FREDRICKS	
STREET ADDRESS	455 AUSTRALIAN AVE		STREET ADDRESS	455 AUSTRALIAN AVE	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete	TITLE	ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORREST, ROBERT		NAME	CARALYN P. ROBINSON	
STREET ADDRESS	455 AUSTRALIAN AVE.		STREET ADDRESS	455 AUSTRALIAN AVE	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEERAN, JAMES J		NAME		
STREET ADDRESS	455 AUSTRALIAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Caralyn P. Robinson</i>		Date: 2.22.05		Daytime Phone #: 561-655-8013	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					