


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90108 042 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>			<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 708572</b>			
1. Corporation Name <b>LAKE COLONY APTS, ONE, INC.</b>			
Principal Place of Business <b>100-101 DOOLEN CT. NORTH PALM BEACH FL 33408</b>		Mailing Address <b>100-101 DOOLEN CT. NORTH PALM BEACH FL 33408</b>	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>03/02/1965</b>	
				4. FEI Number <b>59-1112729</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>ZENTGRAF, GERTRUDE 101 DOOLEN CT NORTH PALM BEACH FL 33408</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIBSON, STANLEY			1.2 NAME			
STREET ADDRESS	101 DOOLEN CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	N PALM BCH, FL 00000			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAXTON, EVELYN			2.2 NAME			
STREET ADDRESS	101-101 DOOLEN CT			2.3 STREET ADDRESS			
CITY-ST-ZIP	N PALM BCH, FL 00000			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, RICHARD			3.2 NAME			
STREET ADDRESS	100-101 DOOLEN CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	N PALM BCH, FL 00000			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TORGRIMSEN, LORETTA			4.2 NAME			
STREET ADDRESS	100-101 DOOLEN CT			4.3 STREET ADDRESS			
CITY-ST-ZIP	N PALM BCH, FL 00000			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEELE, KENNETH			5.2 NAME			
STREET ADDRESS	100-101 DOOLEN CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	N PALM BCH, FL 00000			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAPIRO, PAULINE			6.2 NAME			
STREET ADDRESS	100-101 DOOLEN CT			6.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH PALM BEACH FL			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: Katherine Harris 1-14-99 (561) 848-2647  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)