

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709183 (8)

1. Corporation Name
LAKE COLONY APTS. TWO, INC.



Principal Place of Business: 112-130 DOOLEN COURT NORTH PALM BEACH FL 33408
Mailing Address: 112-130 DOOLEN COURT NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified: 06/21/1965
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-1113704
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23
28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
29
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YETMAN, RITA J
130 DOOLEN CT, #109E
N. PALM BEACH FL 33408

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT OSBORNE, JOHN 130 DOOLEN 204-E N PALM BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE: 000001829070 1.2 NAME: -05/20/96--01040--007 1.3 STREET ADDRESS: ***61.25 1.4 CITY-ST-ZIP:
TITLE	D WORTH, HICKS 112 DOOLEN 104-F N PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: PD 2.2 NAME: AI WISHE 2.3 STREET ADDRESS: 112 Doolen 309F 2.4 CITY-ST-ZIP: N. Palm Beach, FL 33408
TITLE	D COLLIN, LEE 130 DOOLEN 105-E N PALM BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE: VD 3.2 NAME: Sim Carney 3.3 STREET ADDRESS: 130 Doolen 104E 3.4 CITY-ST-ZIP: N. Palm Beach FL 33408
TITLE	D HIMMELSBACH, JOSEPH 130 DOOLEN 210-E N PALM BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: Tony Calvano 4.3 STREET ADDRESS: 112 Doolen 209F 4.4 CITY-ST-ZIP: N. Palm Beach, FL 33408
TITLE	SD YETMAN, RITA J. 130 DOOLEN CRT, APT 109E N PALM BEACH FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE	CHIPMN, LAURETTE 130 DOOLEN COURT 105-E N PALM BEACH FL	<input type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Rita J. Yetman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 407-848-0152
Date Daytime Phone #

CR2E037 (12/95)