

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33408-5710
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3. Date Incorporated or Qualified 06/21/1965	3a. Date of Last Report 05/19/1996
4. FEI Number 59-1113704	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

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

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

TITLE	AT	<input type="checkbox"/> DELETE
NAME	OSBORNE, JOHN	
STREET ADDRESS	130 DOOLEN 204-E	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WISHE, AL	
STREET ADDRESS	112 DOOLEN 309-F	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLIN, LEE	
STREET ADDRESS	130 DOOLEN 105-E	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIMMELSBACH, JOSEPH	
STREET ADDRESS	130 DOOLEN 210-E	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	YETMAN, RITA J.	
STREET ADDRESS	130 DOOLEN CRT, APT 109E	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHIPMN, LAURETTE	
STREET ADDRESS	130 DOOLEN COURT 105-E	
CITY-ST-ZIP	N PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ann Dawson
2.3 STREET ADDRESS	130 Doolen Court 108E
2.4 CITY-ST-ZIP	North Palm Beach, FL 33408
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gerald Steeyes
3.3 STREET ADDRESS	112 Doolen Court 302F
3.4 CITY-ST-ZIP	North Palm Beach, FL 33408
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 do 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: *John Osborne* **FOR OFFICIAL USE ONLY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040571

CR2E037 (9/96)