

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

DOCUMENT # 709183 (8)
1. Corporation Name
LAKE COLONY APTS. TWO, INC.



Principal Place of Business Mailing Address
112-130 DOOLEN COURT NORTH PALM BEACH FL 33408
112-130 DOOLEN COURT NORTH PALM BEACH FL 33408-5710

3. Date Incorporated or Qualified 06/21/1965
3a. Date of Last Report 05/19/1996
4. FEI Number 59-1113704
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, JOHN	1.2 NAME	
STREET ADDRESS	130 DOOLEN 204-E	1.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISHE, AL	2.2 NAME	V Ann Dawson
STREET ADDRESS	112 DOOLEN 309-F	2.3 STREET ADDRESS	130 Doolen Court 108E
CITY-ST-ZIP	N PALM BEACH FL 33408	2.4 CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLIN, LEE	3.2 NAME	D Gerald Steeyes
STREET ADDRESS	130 DOOLEN 105-E	3.3 STREET ADDRESS	112 Doolen Court 302F
CITY-ST-ZIP	N PALM BEACH FL	3.4 CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMMELSBACH, JOSEPH	4.2 NAME	
STREET ADDRESS	130 DOOLEN 210-E	4.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YETMAN, RITA J.	5.2 NAME	
STREET ADDRESS	130 DOOLEN CRT, APT 109E	5.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIPMN, LAURETTE	6.2 NAME	
STREET ADDRESS	130 DOOLEN COURT 105-E	6.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # 0040571

CR2E037 (9/96)