FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710957 (2)

1. Corporation Name

LAKE COLONY APTS. THREE, INC.

Principal Place of Business	Mailing Address
C/O ASSOCIATED PROPERTY MANAGEMENT P.O. BOX 831 LAKE WORTH FL 33460	C/O ASSOCIATED PROPERTY MANAGEMENT P.O. BOX 831 LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1966
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-1154752 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
400 SOUTH DIXIE HWY., SUITE 10
LAKE WORTH FL 33460

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	PD	☐ Change ☐ Addition
NAME	~~TEFFT, TOM~~	12 NAME	mel marshall	
STREET ADDRESS	~~111 DOOLEN CT. #205C~~	13 STREET ADDRESS	111 Doolen Ct., #210C	
CITY-ST-ZIP	~~N. PALM BEACH, FL 00000~~	14 CITY-ST-ZIP	N. Palm Beach, Fl	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	COOK, FRANK	22 NAME		
STREET ADDRESS	111 DOOLEN CT. #110C	23 STREET ADDRESS		
CITY-ST-ZIP	N. PALM BEACH FL	24 CITY-ST-ZIP		
TITLE	~~D~~	31 TITLE	TD	☐ Change ☐ Addition
NAME	~~KELLEY, RUTH~~	32 NAME	Ed Heibel	
STREET ADDRESS	~~111 DOOLEN CT #204C~~	33 STREET ADDRESS	111 Doolen Court, #302	
CITY-ST-ZIP	~~N PALM BCH, FL 00000~~	34 CITY-ST-ZIP	N. Palm Beach, Fl	
TITLE	~~TD~~	41 TITLE	D	☐ Change ☐ Addition
NAME	~~SHAW, THEODORA~~	42 NAME	Kay Jones	
STREET ADDRESS	~~111 DOOLEN CT., #103C~~	43 STREET ADDRESS	131 Doolen Court, #108	
CITY-ST-ZIP	~~N. PALM BEACH FL~~	44 CITY-ST-ZIP	N. Palm Beach, Fl	
TITLE	SD	51 TITLE	D	☐ Change ☐ Addition
NAME	ROGERS, AGNES	52 NAME	Steve Giddens	
STREET ADDRESS	111 DOOLEN CT 209C	53 STREET ADDRESS	111 Doolen Court, #212	
CITY-ST-ZIP	N PALM BEACH, FL 00000	54 CITY-ST-ZIP	N. Palm Beach, Fl	
TITLE	~~D~~	61 TITLE	D	☐ Change ☐ Addition
NAME	~~MARSHALL, C. H.~~	62 NAME	Jean McCormack	
STREET ADDRESS	~~111 DOOLEN CT., #210C~~	63 STREET ADDRESS	131 Doolen Court, 102+103	
CITY-ST-ZIP	~~N. PALM BEACH FL~~	64 CITY-ST-ZIP	NPB, Fl	

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)(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: V P Frances Cook 4-27-95 407-848-4229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000709