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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morlham

Secretary of Stale
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 710957

(2)

LAKE	COLONY APTS: THREE, I	NC.					
C/O ASSOC P.O. BOX 8: LAKE WORT	Mailing Address C/O ASSOCIATED P.O. BOX 831 LAKE WORTH FL	PROPERTY MANAG	EMENT				
					3. Date Incorporated or Qualified 05/31/1966	3a. Date of Las 05/01/	st Report
	Place of Business	2a. Mailing Address	s		4. FEI Number	00/01/	Applied For
Suite, Apt	t # oto	26		·	59-1154752		Not Applicable
2	π, εις.	Suite, Apt. #, et	tc.		5. Certificate of Status Desired		5 Additional
City & Sta	ite	City & State		<del>-</del>	6. Election Campaign Financing	Fee	Required
3		28			Trust Fund Contribution		00 May Be ed to Fees
<b>Z</b> ip <b>4</b>	Country	Zip	Country		8. This corporation has liability for i		
4	25   9. Name and Address of Cure	29 tent Registered Agent	30		Florida Statutes	] Yea <b>Y∑</b> Iko	
		Total registered Agent	81	Name	10. Name and Address of New R	egistered Agent	
ASSOCI	IATED PROPERTY MANAGEMEI	NT					
400 SOUTH DIXIE HWY., SUITE 10		•••	82	Street Adul	ress (P.O. Box Number is Not Acceptable)		
LAKE W	ORTH FL 33460		83				
			84	Crty			
				•			p Code
11. Pursuant	to the provisions of Sections 617.05	00 and 617 1500 Flatte Or					
	to the provisions of Sections 617.05 ered agent, or both, in the State of Flavith, and accept the obligations of, Se	02 and 617,1508, Florida Si orida. Such change was auti oction 617,0503, Florida Stat	tatutes, the above-n horized by the corpo tutes.	amed corpor pration's boar	ation submits this statement for the purp of of directors. I hereby accept the appo	pose of changing its pintment as registered	registered offici d agent. I am
	to the provisions of Sections 617.05 ered agent, or both, in the State of Fid with, and accept the obligations of, Se Signature, typed or printed name of registered age		10100				registered offici d agent. I am
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable	(NOTE: Registered Agent		d when renstating:	4FAG	
Signature 12. Tile	Signature, typed or printed name of registered ag	erit and title if applicable	(NOTE: Registered Agent	signature requira	d when reinstatings  ADDITIONS/CHANGES TO OF LICE	4FAG	
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THOMAS H. TEFFT Dato Proce