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FILED

Apr 10 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 # 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 33460-0831

3. Date Incorporated or Qualified  
05/31/1966

3a. Date of Last Report  
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-1154752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

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

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

TITLE PD  
NAME TEFFT, TOM  
STREET ADDRESS 111 DOOLEN CT C-305  
CITY-ST-ZIP N PALM BCH FL

☒ DELETE

TITLE ~~TD~~  
NAME MCCORMICK, JEAN  
STREET ADDRESS 131 DOOLEN CT D-104  
CITY-ST-ZIP N PALM BCH FL

☐ DELETE

TITLE ~~DP~~  
NAME HEIBEL, ED  
STREET ADDRESS 111 DOOLEN COURT #302  
CITY-ST-ZIP N PALM BCH, FL 00000

☐ DELETE

TITLE D  
NAME JONES, KAY  
STREET ADDRESS 131 DOOLEN COURT #108  
CITY-ST-ZIP N. PALM BEACH FL

☐ DELETE

TITLE SD  
NAME ROGERS, AGNES  
STREET ADDRESS 111 DOOLEN CT 209C  
CITY-ST-ZIP N PALM BEACH, FL 00000

☐ DELETE

TITLE DV  
NAME GIDDENS, STEVE  
STREET ADDRESS 111 DOOLEN COURT #212  
CITY-ST-ZIP N. PALM BEACH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Wuennenberg, Dieter  
1.3 STREET ADDRESS 131 Doolan Ct, #203-D  
1.4 CITY-ST-ZIP NPB, FL

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☒ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-97

Date

Deadline Phone # 000-0000

CR2E037 (9/96)