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FILED

**Apr 13 1998 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



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**

3. Date Incorporated or Qualified
05/31/1966

4. FEI Number
59-1154752

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 Country 28. Zip Country

24. 25. 29. 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 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 DELETE

NAME **DV WUENNENBERG, DIETER**

STREET ADDRESS **131 DOOLAN CT, #203-D**

CITY-ST-ZIP **N PALM BCH FL**

TITLE DELETE

NAME ~~TD MCGORMICK, JEAN~~

STREET ADDRESS ~~191 DOOLEN CT-D-104~~

CITY-ST-ZIP ~~N PALM BCH FL~~

TITLE DELETE

NAME ~~DP HEIBEL, ED~~

STREET ADDRESS ~~111 DOOLEN COURT #302~~

CITY-ST-ZIP ~~N PALM BCH, FL 00000~~

TITLE DELETE

NAME ~~D JONES, KAY~~

STREET ADDRESS ~~191 DOOLEN COURT #108~~

CITY-ST-ZIP ~~N PALM BEACH FL~~

TITLE DELETE

NAME **SD ROGERS, AGNES**

STREET ADDRESS **111 DOOLEN CT 209C**

CITY-ST-ZIP **N PALM BEACH, FL 00000**

TITLE DELETE

NAME ~~DB GIDDENS, STEVE~~

STREET ADDRESS ~~111 DOOLEN COURT #212~~

CITY-ST-ZIP ~~N PALM BEACH FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME **JD Sannino, Robert**

2.3 STREET ADDRESS **423 Gulf Road**

2.4 CITY-ST-ZIP **NPB, FL 33408**

3.1 TITLE Change Addition

3.2 NAME **PD Tefft, Thomas**

3.3 STREET ADDRESS **111 Doolan Court, # 305-C**

3.4 CITY-ST-ZIP **N. P. B., FL 33408**

4.1 TITLE Change Addition

4.2 NAME **D Guorino, Arnie**

4.3 STREET ADDRESS **131 Doolan Court, 302-D**

4.4 CITY-ST-ZIP **NPB, FL 33408**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

CR2E037 (10/97)