

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710957

1. Entity Name

LAKE COLONY APTS. THREE, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90070 022 \*\*\*\*61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-1154752	Not Applicable

5. Certificate of Status Desired	Fee Required
<input type="checkbox"/>	\$8.75 Additional

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DIXIE HWY., SUITE 10 LAKE WORTH FL 33460	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
NAME	WUENNENBERG, DIETER	NAME	
STREET ADDRESS	131 DOOLAN CT, #203-D	STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME	SANNINO, ROBERT	NAME	TD
STREET ADDRESS	428 GULF RD	STREET ADDRESS	Giddens, Steve
CITY-ST-ZIP	N PALM BCH FL 33460	CITY-ST-ZIP	111 Doolen Court, #107C
TITLE	NAME	TITLE	NAME
NAME	TEFFT, THOMAS	NAME	Director
STREET ADDRESS	111 DOOLAN CT SUITE 305C	STREET ADDRESS	Cave, Robert
CITY-ST-ZIP	N PALM BCH, FL 00000 33408	CITY-ST-ZIP	111 Doolen Court, 101-C
TITLE	NAME	TITLE	NAME
NAME	ROGERS, AGNES	NAME	Deluca, Patricia
STREET ADDRESS	111 DOOLEN CT 209C	STREET ADDRESS	131 Doolen Court, #109D
CITY-ST-ZIP	N PALM BEACH, FL 00000	CITY-ST-ZIP	NPB, FL
TITLE	NAME	TITLE	NAME
NAME		NAME	Salvato, Gloria
STREET ADDRESS		STREET ADDRESS	111 Doolen Court, #102-C
CITY-ST-ZIP		CITY-ST-ZIP	No. Palm Beach, FL

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS H. TEFFT DATE: 3-31-00 DAYTIME PHONE: 561-842-5...  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)