


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 710957</b>	
1. Entity Name LAKE COLONY APTS. THREE, INC.	

Principal Place of Business 111 DOOLEN CT., #312-C NORTH PALM BEACH, FL 33408	Mailing Address 111 DOOLEN CT., #312-C NORTH PALM BEACH, FL 33408
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01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1154752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DICKER, KRIVOK & STOLOFF, P.A.  
 1818 AUSTRALIAN AVE. SOUTH  
 WEST PALM BEACH, FL 33419

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELUCA, PAT 111 DOOLEN CT., #312-C NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIDDENS, STEVE 111 DODEN COURT #107C N PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'KEEFE, JAMES 111 DOOLEN CT #203C NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVE, ROBERT 111 DOOLEN CT 209C N PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/15/04-80039-003 61.25

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:** \_\_\_\_\_ *President* 1/11/04 561-863-4218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #