


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90289 040 ****61.25

DOCUMENT # 710957
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**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: _____
Zip: _____ Country: _____

4. FEI Number: **59-1154752**
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 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**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

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

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: DELUCA, PAT STREET ADDRESS: 111 DOOLEN CT., #312-C CITY-ST-ZIP: NORTH PALM BEACH FL 33408	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: FISCHER, CHARLES B STREET ADDRESS: 111 DOOLEN CT, # 312-C CITY-ST-ZIP: N PALM BCH FL 33408	<input type="checkbox"/> Delete
TITLE: D NAME: EDER, JEAN STREET ADDRESS: 100 DOOLEN CT CITY-ST-ZIP: NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE: D NAME: CAVE, ROBERT STREET ADDRESS: 111 DOOLEN CT 209C CITY-ST-ZIP: N PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D/S NAME: STEVE GIDDENS STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SANDY JOHANNESSEN STREET ADDRESS: 111 Doolen Ct., #C105 CITY-ST-ZIP: North Palm Bch, FL 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Jim OKeefe STREET ADDRESS: 1013A Heritase Village CITY-ST-ZIP: Southbury, CT 06488	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D/T NAME: Kevin GAY STREET ADDRESS: 131 Doolen Ct., D-101 CITY-ST-ZIP: North Palm Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Charles Dick*

4/22/06 Del-206-2778