


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90052 023 ****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 - No P.O. Box #		3. Mailing Address <i>Complete Prop Mgmt</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>3307 Northlake Blvd #107</i>	
City & State		City & State <i>Palm Beach Gardens FL</i>	
Zip	Country	Zip	Country
<i>33403</i>		<i>33403</i>	
4. FEI Number 59-1154752		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DICKER, KRIVOK & STOLOFF, P.A. 1818 AUSTRALIAN AVE. SOUTH WEST PALM BEACH, FL 33419		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<i>33407</i> FL <i>33409</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSD GIDDENS, STEVE 111 DOOLEN CT., #312-C NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PID</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, CHARLES B 111 DOOLEN CT, # 312-C N PALM BCH, FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDER, JEAN 100 DOOLEN CT NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GAY, KEVIN 131 DOOLEN CT D 101 WEST PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPID</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Joseph Ginese</i> <i>111 DOOLEN CT, C 11</i> <i>NORTH Palm Beach, FL 33408</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SLD</i> <i>MIKE KOZAKIEWICZ</i> <i>111 DOOLEN COURT # C 104</i> <i>NORTH Palm Beach, FL 33408</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Jean Eder</i>		Date: <i>3-29-07</i> Daytime Phone #: <i>561-626-2778</i>	