

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAR -3 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 813552 (7)

1. Corporation Name
LAKE OSBORNE TOWERS CO-OPERATIVE APARTMENTS, INC.

Principal Place of Business Mailing Address
302 LAKE OSBORNE DRIVE LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/24/1959** 3a. Date of Last Report **03/07/1994**

4. FEI Number **59-0882942** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEBER, SHARON A.
450 AUSTRALIAN AVE. S. SUITE #720
W. PALM BCH FL 33401-2034**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VPD
NAME	RUSSELL, ELIZABETH
STREET ADDRESS	302 LAKE OSBORNE DRIVE
CITY-ST-ZIP	LAKE WORTH FL
TITLE	PD
NAME	HAAGEN, ANNA
STREET ADDRESS	302 LAKE OSBORNE DR.
CITY-ST-ZIP	LAKE WORTH, FL 00000
TITLE	SD
NAME	CRAGER, LOTTE
STREET ADDRESS	6311 SUMMER SKY LANE
CITY-ST-ZIP	LAKE WORTH, FL 00000
TITLE	TD
NAME	NUGENT, ANGELA R.
STREET ADDRESS	302 LAKE OSBORNE DR.
CITY-ST-ZIP	LAKE WORTH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRANAHAN, MARY
1.3 STREET ADDRESS	302 LAKE OSBORNE DRIVE
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHEA, ROSEMARY
2.3 STREET ADDRESS	302 LAKE OSBORNE DRIVE
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HURLEY, BEATRICE
3.3 STREET ADDRESS	302 LAKE OSBORNE DRIVE
3.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DARTON, ALICE
4.3 STREET ADDRESS	302 LAKE OSBORNE DRIVE
4.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alice Darton Alice Darton

Date 4/28/95