

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **813552 (7)**
1. Corporation Name
LAKE OSBORNE TOWERS CO-OPERATIVE APARTMENTS, INC.



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

3. Date Incorporated or Qualified: **04/24/1959** 3a. Date of Last Report: **03/03/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-0882942	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	29	Country				
		30					

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANAHAN, MARY	1.2 NAME	
STREET ADDRESS	302 LAKE OSBORNE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	1.4 CITY - ST - ZIP	
TITLE	VP	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA, ROSEMARY	2.2 NAME	
STREET ADDRESS	302 LAKE OSBORNE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH, FL 00000	2.4 CITY - ST - ZIP	
TITLE	SD	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, BEATRICE	3.2 NAME	
STREET ADDRESS	302 LAKE OSBORNE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH, FL 00000	3.4 CITY - ST - ZIP	
TITLE	TD	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ELIZABETH	4.2 NAME	
STREET ADDRESS	302 LAKE OSBORNE DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	4.4 CITY - ST - ZIP	
TITLE		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSEN, LYMAN	5.2 NAME	
STREET ADDRESS	302 LAKE OSBORNE DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH, FL	5.4 CITY - ST - ZIP	
TITLE		6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(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: *Mary C Granahan, Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)