

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1959	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-0882942	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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
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.					

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD COMPTON	1.2 NAME	
STREET ADDRESS	309 LAKE OSBORNE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN NUGENT	2.2 NAME	
STREET ADDRESS	302 LAKE OSBORNE DR.	2.3 STREET ADDRESS	302 Lake Osborne Dr.
CITY-ST-ZIP	LAKE WORTH, FL 00000	2.4 CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JILL REHME	3.2 NAME	
STREET ADDRESS	302 LAKE OSBORNE DR.	3.3 STREET ADDRESS	MARY ANNE STORM
CITY-ST-ZIP	LAKE WORTH, FL 00000	3.4 CITY-ST-ZIP	302 Lake Osborne dr.
TITLE	TD	4.1 TITLE	Lake Worth, FL. 33461
NAME	RUSSELL, ELIZABETH	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	302 LAKE OSBOURNE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Director
STREET ADDRESS		5.3 STREET ADDRESS	LYMAN PETERSEN
CITY-ST-ZIP		5.4 CITY-ST-ZIP	302 Lake Osborne Dr.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Lake Worth, FL. 33461
NAME		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 amendment with an address.

SIGNATURE: *Edward Compton* 2-10-98

CR2E034 (10/97)