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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90097 017 \*\*\*150.00

DOCUMENT #	813552
Corporation Name .	0.000

LAKE OSBORNE TOWERS CO-OPERATIVE APARTMENTS.INC.

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Principal Place	e of Business	Mailir	ng Address				- 1978年 2年 71 IOO II IN	III IIII IIIII III III IIII IIII IIII	B1  B18   B18   B	HON BROWN TOOL The Section Control
302 LAKE OSBORNE DRIVE LAKE WORTH FL 33461 302 LAKE WORTH FL 33461		/E		134 - 144 C	DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifed			
							04/24/1959			
2. Principal Pl	ace of Business	2a. M	ailing Address				4. FEI Number		Ap	plied For
21		26					59-0882942		<del></del>	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of Status Desired		\$8.75 A	
22		27	it. P Ctata				10.51.51.51.51			<u></u>
City & State	e	<b>⊢</b>	ity & State				6. Election Campaign Financing Trust Fund Contribution		Added t	May Be
<b>23</b> Zip	Country	28 Zi	in	Соиг	ıtrv		This corporation owes the curre	nt vear Inta		31.000
	25	29	۲	30	,		Personal Property Tax.	iii your iiiw	Yes	□No
24	9. Name and Address of Curro		ed Agent	1301			10. Name and Address of New Re	gistered /	Agent	
	Di Manio di di Caracteria				81	Name				-
WEB	BER, SHARON A.			ŀ	82	Chant Adden	ess (P.O. Box Number is Not Acceptat	ole)		
450	australian ave. S. Suite #	720			02	Street Addre	sss (F.O. Box Number is Not Acceptat	oie j		
W. P	PALM BCH FL 33401-2034				83			•		
					84	City		<u> </u>	85 Zip (	Code
								FĻ		
11. Pursuant	to the provisions of Sections 607.05	502 and 607. te of Florida	.1508, Florida Statu Such change was a	ites, the ab authorized	юve-r bv th	named corpo ne corporatio	oration submits this statement for the parties of directors. I hereby accept	the appoir	cnanging its ntment as re	gistered
agent. I ai	m familiar with, and accept the oblig	gations of, S	ection 607.0505, Flo	orida Statu	tes.	•	-			
										<b>I</b>
SIGNATURE								DATE		
	Signature, typed or printed name of registered a				Agent si	signature required	when reinstating)	DATE	D DIRECTO	PRS IN 12
12.	OFFICERS A		ORS	13.		signature required	when reinstating)  ADDITIONS/CHANGES TO OFF		D DIRECTO	PRS IN 12
<b>12.</b> TITLE	OFFICERS A			13.	.E	signature required				
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P EDWARD COMPTON 309 LAKE OSBORNE DR. LAKE WORTH FL VP MCDERMOTT, SALLY 302 LAKE OSBORNE DR. LAKE WORTH, FL 00000 334 SD STORM, MARY ANNE 302 LAKE OSBORNE DR. LAKE WORTH, FL 00000 334 TD RUSSELL, ELIZABETH 302 LAKE OSBOURNE DRIVE LAKE WORTH FL D PETERSEN, LYMAN 302 LAKE OSBORNE DRIVE	461	DELETE  DELETE  DELETE	13. 1.1 TITI 1.2 NAJ 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 5.1 TIT 5.2 NAJ 5.3 STF 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT	LE REET AI	DDRESS ZIP  DDRESS ZIP  DDRESS ZIP  ADDRESS ZIP			Change Change	Addition Addition Addition Addition

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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561/547-5845 DaytingPhone #

:R2E034 (11/98)