

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813552

1. Entity Name

LAKE OSBORNE TOWERS CO-OPERATIVE APARTMENTS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90181 002 ***150.00

Principal Place of Business 302 LAKE OSBORNE DRIVE LAKE WORTH, FL 33461	Mailing Address 302 LAKE OSBORNE DRIVE LAKE WORTH, FLA 33461-4813
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Assoc. Prop. Mgmt Suite, Apt. #, etc. 400 So. Dixie Hwy, #10 City & State Lake Worth, FL Zip 33460 Country USA	3. Mailing Address Assoc. Prop. Mgmt Suite, Apt. #, etc. 400 So. Dixie Hwy, #10 City & State Lake Worth, FL Zip 33460 Country USA
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4. FEI Number 59-0882942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WEBER, SHARON A.~~
~~450 AUSTRALIAN AVE. 9 SUITE #720~~
~~W PALM BCH FL 33401-2034~~

7. Name and Address of New Registered Agent

Name
Associated Property Management
Street Address (P.O. Box Number is Not Acceptable)
400 So. Dixie Hwy, #10
City
Lake Worth
FL
Zip Code
33460

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.

SIGNATURE Rosemary Mc Kessy DATE 1/13/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE P Delete <input type="checkbox"/>	EDWARD COMPTON 309 LAKE OSBORNE DR. LAKE WORTH FL
TITLE VP Delete <input type="checkbox"/>	MCDERMOTT, SALLY 302 LAKE OSBORNE DR. LAKE WORTH, FL 00000 33461
TITLE SB Delete <input type="checkbox"/>	STORM, MARY ANNE 302 LAKE OSBORNE DR. LAKE WORTH, FL 00000 33461
TITLE TD Delete <input type="checkbox"/>	RUSSELL, ELIZABETH 302 LAKE OSBOURNE DRIVE LAKE WORTH FL
TITLE D Delete <input type="checkbox"/>	PETERSEN, LYMAN 302 LAKE OSBORNE DRIVE LAKE WORTH FL 33461
TITLE Delete <input type="checkbox"/>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD Change <input type="checkbox"/> Addition <input type="checkbox"/>	Barach, Isaac 305 Lake Osborne Drive #26 L.W. FL. 33461
TITLE VD Change <input type="checkbox"/> Addition <input type="checkbox"/>	Eschenberg 302 Lake Osborne Drive #19 L.W. FL 33461
TITLE SD Change <input type="checkbox"/> Addition <input type="checkbox"/>	Harley, Beatrice 302 Lake Osborne Drive #21 L.W. FL. 33461
TITLE TD Change <input type="checkbox"/> Addition <input type="checkbox"/>	Morgan, Sue 302 Lake Osborne Drive #31 L.W. FL. 33461
TITLE D Change <input type="checkbox"/> Addition <input type="checkbox"/>	Rehme, Jill 302 Lake Osborne Drive #10 L.W. FL. 33461
TITLE Delete <input type="checkbox"/>	

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Isaac Barach DATE: 1/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)