

05-24-2002 91345 043 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **813552**

1. Entity Name  
**LAKE OSBORNE TOWERS Co-Opt. Inc.**

**DO NOT WRITE IN THIS SPACE**



**37825**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEL# Number <b>510882942</b>	Applied For Not Applicable
------------------------------------	-------------------------------

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JILL H. REHME**

Street Address (P.O. Box Number is Not Acceptable)  
**302 LAKE OSBORNE DRIVE**

City **LAKE WORTH** FL Zip Code **33461**

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 *Jill H. Rehme*

(NOTE: Registered Agent signature required when registering)

DATE **5/15/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$350.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Jill Rehme</b> <b>302 LAKE OSBORNE DR. #10</b> <b>LAKE WORTH, FL. 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Mona Eschenberg</b> <b>302 LAKE OSBORNE DR. #19</b> <b>LAKE WORTH, FL. 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Beatrice Hurley</b> <b>302 LAKE OSBORNE DR. #21</b> <b>LAKE WORTH, FL. 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Sue Morgan</b> <b>302 LAKE OSBORNE DR. #31</b> <b>LAKE WORTH, FL. 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>LYMAN PETERSEN</b> <b>302 LAKE OSBORNE DR. #25</b> <b>LAKE WORTH, FL. 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lyman Petersen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LYMAN PETERSEN**

DATE **5/15/02**  
 DAYTIME PHONE #

CR2E034B (12/01)