

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # 813552**

1. Entity Name  
**LAKE OSBORNE TOWERS CO-OPERATIVE  
APARTMENTS, INC.**



FILED  
08 SEP -2 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>302 LAKE OSBORNE DR APT 17 LAKE WORTH, FL 33461 US</b>	Mailing Address <b>302 LAKE OSBORNE DR APT 17 LAKE WORTH, FL 33461 US</b>
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2. Principal Place of Business (If Different from P.O. Box #)	3. Mailing Address
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07212008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-0882942</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FENLASON, JOHN D  
302 LAKE OSBORNE DR  
APT 17  
LAKE WORTH, FL 33461**

Name **BECKER, POLIAKOFF, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**625 No. Flagler Dr  
7th Floor  
W.P.B., FL 33401**

**FL**  
I am familiar with, and accept

8. The above named entity submits this statement for the purpose of changing its obligations of registered agent.

SIGNATURE **Peter C. Mollengarden (Attorney)**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is \$61.25**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARUCH, ISAK	
STREET ADDRESS	302 LAKE OSBORNE DR # 26	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAVASSY, ARPAD	
STREET ADDRESS	302 LAKE OSBORNE DR #15	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHUMACHER, JANET	
STREET ADDRESS	1611 N LAKE SIDE DR	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**300135602853**  
**B--01026--011 \*\*61.25**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Det Samuel**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/21/08 2124959251**  
Date Daytime Phone #

**200/B**