

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N24365 (1)

1. Corporation Name
 LAKE TOWERS ASSOCIATION, INC.



Principal Place of Business: 250 BRADLEY PLACE, PALM BEACH FL 33480
 Mailing Address: 250 BRADLEY PLACE, PALM BEACH FL 33480

3. Date Incorporated or Qualified: 01/14/1988
 3a. Date of Last Report: 11/16/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

City & State (23) City & State (28)

Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0029339
 Applied For: Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

DIREKTOR, KEN ESQ
 BECKER & POLIAKOFF, P.A.
 500 AUSTRALIAN AVENUE SOUTH 9TH FLOOR
 WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Richard Prentiss
 82 Street Address (P.O. Box Number is Not Acceptable): 250 Palm Beach, 508
 83 City: Palm Beach FL 85 Zip Code: 33480

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 5/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DEITZ, WILLIAM A	
STREET ADDRESS	250 BRADLEY PLACE	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH-ADAM, LOUISA	
STREET ADDRESS	250 BRADLEY PLACE	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GADOW, SANDRA	
STREET ADDRESS	250 BRADLEY PLACE	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRENTISS, RICHARD	
STREET ADDRESS	250 BRADLEY PLACE	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEITZ, CHRISTOPHER	
STREET ADDRESS	250 BRADLEY PLACE	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOVE, DAVID	
STREET ADDRESS	250 BRADLEY PLACE	
CITY - ST - ZIP	PALM BEACH FL 33480	

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	June Crasco	
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Richard Prentiss	
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Shirley Pascoe	
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	500001914465	
53 STREET ADDRESS	-08/06/96--01157--036	
54 CITY - ST - ZIP	***61.25	
61 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Freedra Heavey	
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra L. Gadow 6/13/96 833-8366
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)