

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 (21-23)
 2a. Mailing Address (24-26)
 Suite, Apt. #, etc. (22, 27)
 City & State (23, 28)
 Zip (24, 29) Country (25, 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	DEITZ, WILLIAM A <input checked="" type="checkbox"/> DELETE	1.1 TITLE: President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DEITZ, WILLIAM A	STREET ADDRESS: 250 BRADLEY PLACE	1.2 NAME: June Crasco
CITY-ST-ZIP: PALM BEACH FL 33480		1.3 STREET ADDRESS
TITLE: VD	SMITH-ADAM, LOUISA <input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
NAME: SMITH-ADAM, LOUISA	STREET ADDRESS: 250 BRADLEY PLACE	2.1 TITLE: Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: PALM BEACH FL 33480		2.2 NAME: Richard Prentiss
TITLE: T	GADOW, SANDRA <input type="checkbox"/> DELETE	2.3 STREET ADDRESS
NAME: GADOW, SANDRA	STREET ADDRESS: 250 BRADLEY PLACE	2.4 CITY-ST-ZIP
CITY-ST-ZIP: PALM BEACH FL 33480		3.1 TITLE
TITLE: D	PRENTISS, RICHARD <input checked="" type="checkbox"/> DELETE	3.2 NAME
NAME: PRENTISS, RICHARD	STREET ADDRESS: 250 BRADLEY PLACE	3.3 STREET ADDRESS
CITY-ST-ZIP: PALM BEACH FL 33480		3.4 CITY-ST-ZIP
TITLE: D	DEITZ, CHRISTOPHER <input type="checkbox"/> DELETE	4.1 TITLE: Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DEITZ, CHRISTOPHER	STREET ADDRESS: 250 BRADLEY PLACE	4.2 NAME: Shirley Pascoe
CITY-ST-ZIP: PALM BEACH FL 33480		4.3 STREET ADDRESS
TITLE: D	LOVE, DAVID <input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
NAME: LOVE, DAVID	STREET ADDRESS: 250 BRADLEY PLACE	5.1 TITLE
CITY-ST-ZIP: PALM BEACH FL 33480		5.2 NAME
		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
		6.1 TITLE
		6.2 NAME
		6.3 STREET ADDRESS
		6.4 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: *[Signature: Sandra L. Gadow]* DATE: **6/13/96** PHONE: **833-8366**

CR2E037 (3/96)