

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **707755** (5)

1. Corporation Name

LAKELAND HARBOUR APARTMENTS INC.



Principal Place of Business

Mailing Address

1600 W LAKE PARKER DR
#D7
LAKELAND FL 33805
US

1600 W LAKE PARKER DR
#D7
LAKELAND FL 33805
US

3. Date Incorporated or Qualified

08/31/1964

3a. Date of Last Report

04/17/1995

4. FEI Number

59-1196609

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGIA, RICHARD
1600 W. LAKE PARKER DR.
#B25
LAKELAND FL 33805

Delete as registered
Agent

81 Name

John Dunn

82 Street Address (P.O. Box Number is Not Acceptable)

1600 W. Lake Parker Dr.

83 C-25

84 City

Lakeland

FL

85 Zip Code

33805

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

John Dunn
Signature, typed or printed name of registered agent and the if applicable

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☒ DELETE

NAME **RUMSEY, MARGARET**
STREET ADDRESS **1600 LK PARKER DR W**
CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE **D** ☐ DELETE

NAME **KELBLEY, ROBERT**
STREET ADDRESS **1600 W LAKE PARKER DR C-5**
CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE **T** ☐ DELETE

NAME **SMITH, NOREEN R.**
STREET ADDRESS **1600 W LAKE PARKER DR D7**
CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE **VP** ☐ DELETE

NAME **GRAHAM, DAN**
STREET ADDRESS **1600 W LAKE PARKER DR B-21**
CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE **PD Director** ☒ DELETE

NAME **GEORGIA, RICHARD**
STREET ADDRESS **1600 W LAKE PARKER DR #B25**
CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE **D** ☒ DELETE

NAME **SWARTZ, RUSSELL**
STREET ADDRESS **1600 W LAKE PARKER DR**
CITY-ST-ZIP **LAKELAND, FL 00000**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

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

S

L. Louise Whiteman

1600 W. Lk Parker Dr A-21

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

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

Pres.

John Dunn

1600 W Lk Parker Dr C-25

Lakeland, FL 33805

John Dunn replaces

Russell Swartz C-25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-96

941-687-9138

CR2E037 (12/95)