

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 813552 (7)
1. Corporation Name
LAKE OSBORNE TOWERS CO-OPERATIVE APARTMENTS, INC.



Principal Place of Business 302 LAKE OSBORNE DRIVE LAKE WORTH FL 33461		Mailing Address 302 LAKE OSBORNE DRIVE LAKE WORTH FL 33461-4813	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified 04/24/1959			
3a. Date of Last Report 02/23/1996			
4. FEI Number 59-0882942		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WEBER, SHARON A. 450 AUSTRALIAN AVE. S. SUITE #720 W. PALM BCH FL 33401-2034		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Edward compton, Pres.
NAME	GRANAHAN, MARY	1.2 NAME	309 Lake Osborne Drive
STREET ADDRESS	302 LAKE OSBORNE DRIVE	1.3 STREET ADDRESS	Lake Worth, Fl. 33460
CITY, ST, ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	Ann Nugent, V. Pres.
NAME	SHEA, ROSEMARY	2.2 NAME	302 Lake Osborne Dr.
STREET ADDRESS	302 LAKE OSBORNE DR.	2.3 STREET ADDRESS	Lake Worth, Fl. 33460
CITY, ST, ZIP	LAKE WORTH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	Jill Rehme, Sec.
NAME	HURLEY, BEATRICE	3.2 NAME	302 Lake Osborne Dr.
STREET ADDRESS	302 LAKE OSBORNE DR	3.3 STREET ADDRESS	Lake worth, Fl. 33460
CITY, ST, ZIP	LAKE WORTH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	RUSSELL, ELIZABETH	4.2 NAME	
STREET ADDRESS	302 LAKE OSBOURNE DRIVE	4.3 STREET ADDRESS	
CITY, ST, ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth C. Russell, TD
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97 561-547-5845-
Date Daytime Phone

0328334

CR2E034 (9/96)

1997 Florida Intangible Tax Return for Corporation, Partnership, and Fiduciary Filers as of January 1, 1997 DR-601C

0000000301973015035908829423



LAKE OSBORNE TOWERS, INC.
302 LAKE OSBORNE DR
LAKE WORTH, FL 33461-4813

R. 01/97
Photocopies
of this form
are not
acceptable

Handwritten Example 0 1 2 3 4 5 6 7 8 9	Typewritten Example 0 1 2 3 4 5 6 7 8 9	DOR use only	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/>
FEI Number (FEIN) 590882942		Filing Status <input type="checkbox"/>		Bank or Sav. Assn. <input type="checkbox"/>
Mark "X" if Address Changes		Mark "X" if this is an amended return		Charitable Trust <input type="checkbox"/>
Mark "X" in appropriate box				

Schedule A

		Dollars	Cents
1. Loans, Notes, and Accounts Receivable (From Schedule B, Line 16)	1.	<input type="checkbox"/>	<input type="checkbox"/>
2. Beneficial Interest in Any Trust	2.	<input type="checkbox"/>	<input type="checkbox"/>
3. Bonds (From Schedule C, Line 17)	3.	<input type="checkbox"/>	<input type="checkbox"/>
4. Stocks, Mutuals, Money Market Funds, and Limited Partnership Interests (From Schedule D, Line 18)	4.	<input type="checkbox"/>	<input type="checkbox"/>
5. As Agent for Stockholders (From Schedule E, Line 19. Do not enter negative value)	5.	<input type="checkbox"/>	<input type="checkbox"/>
6. Total Taxable Assets (Total of Lines 1 through 5)	6.	<input type="checkbox"/>	<input type="checkbox"/>
7. Tax Due (From Tax Calculation Worksheet, Line 14) (Rates: .002 - Corps. etc., .0015 - Banks, or .001 - Charitable Trusts)	7.	<input type="checkbox"/>	<input type="checkbox"/>
8. Credits (From Tax Credit Worksheet, Line 15)	8.	<input type="checkbox"/>	<input type="checkbox"/>
9. Total Tax Due (Subtract Line 8 from Line 7)	9.	<input type="checkbox"/>	<input type="checkbox"/>
10. Discount (Jan. or Feb. - 4%; March - 3%; April - 2%; May - 1%; June - 0%; if postmarked on or before the last day of the filing period)	10.	<input type="checkbox"/>	<input type="checkbox"/>
11. Penalty & Interest (See Instructions, page 3)	11.	<input type="checkbox"/>	<input type="checkbox"/>
12. Voluntary Election Campaign Financing Trust Fund (\$5.00 - See Instructions)	12.	<input type="checkbox"/>	<input type="checkbox"/>
13. Total Due: (Line 9 minus Line 10, plus Line 11 plus Line 12. Enter here and on Line 13a below)	13.	<input type="checkbox"/>	<input type="checkbox"/>

Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge (ss. 199.232 (2); 92.525(2); & 837.06).

Signature of Officer	Date	Telephone No.	<input type="checkbox"/>	Mark "X" here if you transmitted funds electronically
Signature of Individual or Firm Preparing the Return	Date	Preparer's SSN or FEIN		
<i>[Signature]</i>	1-28-97	59-2664192		

Payment Coupon 1997 Corporate IPPT

Return with Payment Must Be Postmarked No Later Than June 30, 1997 to Avoid Penalty and Interest.

R. 01/97

13a. Total Due From Line 13	13a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13b. Less Amount Paid on Extension	13b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13c. Total Due (Line 13a less Line 13b; U.S. funds only)	13c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter correct name, address, and FEIN below, if not preprinted

FEIN 590882942

Mark "X" here if you
transmitted funds electronically

Make Checks Payable and Mail To:

Florida Department of Revenue
6050 W Tennessee Street
Tallahassee FL 32399-0140

*****BCLLOT**C-043
00049 04413 09222
LAKE OSBORNE TOWERS, INC.
302 LAKE OSBORNE DR
LAKE WORTH, FL 33461-4813



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