FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **424311** **(9)**

1. Corporation Name

LAKE MANOR PROPERTIES, INC.

Principal Place of Business	Mailing Address
13827 S INDIAN RIVER DRIVE #71 JENSEN BEACH FL 34957-2241	C/O ADVANTAGE PROPERTY MANAGEMENT P.O. BOX 65 JENSEN BEACH FL 34958-0065

3. Date Incorporated or Qualified	3a. Date of Last Report
04/23/1973	04/23/1996

4. FEI Number		Applied For
59-1449330		Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

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

FORTE, LORRAINE
C/O ADVANTAGE PROPERTY MANAGEMENT
1274 N.E. BUSINESS PARK PLACE
JENSEN BEACH FL 34957

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: T	☐ DELETE	1.1 TITLE TD — ☒ Change ☐ Addition
NAME: LYNCH, WILLIAM		1.2 NAME
STREET ADDRESS: 13827 S INDIAN RVR DR#48		1.3 STREET ADDRESS
CITY-ST-ZIP: JENSEN BCH FL		1.4 CITY-ST-ZIP
TITLE: SD	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME: LOROUX, NORMAN		2.2 NAME
STREET ADDRESS: 13827 S. INDIAN RIVER DRIVE #45		2.3 STREET ADDRESS
CITY-ST-ZIP: JENSEN BEACH FL		2.4 CITY-ST-ZIP
TITLE: VP	☒ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME: GROVE, GEORGE		3.2 NAME
STREET ADDRESS: 13827 S INDIAN RVR DR#59		3.3 STREET ADDRESS
CITY-ST-ZIP: JENSEN BCH FL		3.4 CITY-ST-ZIP
TITLE: P	☐ DELETE	4.1 TITLE D ☒ Change ☐ Addition
NAME: COOK, EILEEN		4.2 NAME
STREET ADDRESS: 13827 S INDIAN RVR DR#30		4.3 STREET ADDRESS
CITY-ST-ZIP: JENSEN BCH FL		4.4 CITY-ST-ZIP
TITLE: D	☐ DELETE	5.1 TITLE PD ☒ Change ☐ Addition
NAME: HARTMAN, HARVEY		5.2 NAME
STREET ADDRESS: 13827 S. INDIAN RIVER DR. #33		5.3 STREET ADDRESS
CITY-ST-ZIP: JENSEN BEACH FL		5.4 CITY-ST-ZIP
TITLE: D	☒ DELETE	6.1 TITLE VPD ☐ Change ☒ Addition
NAME: PARKER, DARYL		6.2 NAME Scarbrough, Warren
STREET ADDRESS: 13827 S. INDIAN RIVER DR. #62		6.3 STREET ADDRESS 13827 S. Indian River Dr. # 61
CITY-ST-ZIP: JENSEN BEACH FL		6.4 CITY-ST-ZIP Jensen Beach, Fl 34957

CR2E034 (9/96)

14. 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 561-384-8900 Daytime Phone #