2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708572

Entity Name: LAKE COLONY APTS, ONE, INC.

Current Principal Place of Business:

C/O EDWARD DICKER

C/O EDWARD DICKER 8855 GOLDEN MOUNTAIN CIRCLE BOYNTON BEACH, FL 33473

Current Mailing Address:

ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC. 8135 LAKE WORTH RD., SUITE B

LAKE WORTH, FL 33467 US

FEI Number: 59-1112729 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DICKER, EDWARD 8855 GOLDEN MOUNTAIN CIRCLE BOYNTON BEACH, FL 33473 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EDWARD DICKER 02/27/2020

Electronic Signature of Registered Agent

Officer/Director Detail :

Title PRESIDENT Title VP

Name ANDERSON, RICHARD Name SCHWEITZER, DORIS

Address C/ASSOCIATED PROPERTY Address C/O ASSOCIATED PROPERTY

MANAGEMENT MANAGEMENT

8135 LAKE WORTH RD., SUITE B 8135 LAKE WORTH RD., SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY Title TREASURER

Name SINNOTT, BILL Name CHINCHILLO, PEG

Name Sinnott, bill name Chinchillo, FEG

Address C/O ASSOCIATED PROPERTY Address C/O ASSOCIATED PROPERTY

MANAGEMENT MANAGEMENT

8135 LAKE WORTH RD., SUITE B 8135 LAKE WORTH RD., SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR Title DIRECTOR

Name MANSFIELD, MARY Name PANTANI, TERESA

Address C/O ASSOCIATED PROPERTY Address C/O ASSOCIATED PROPERTY

MANAGEMENT MANAGEMENT

8135 LAKE WORTH RD., SUITE B 8135 LAKE WORTH RD., SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title VP, 2 Title DIRECTOR

Name DIRSCHEL, RICHARD Name NORRIS, ROBERT

Address C/O ASSOCIATED PROPERTY Address C/O ASSOCIATED PROPERTY

MANAGEMENT MANAGEMENT

8135 LAKE WORTH RD SUITE B 8135 LAKE WORTH RD SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD ANDERSON PRESIDENT 02/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 27, 2020

Secretary of State

7395955641CC

Date