

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708572

Entity Name: LAKE COLONY APTS, ONE, INC.**Current Principal Place of Business:**

C/O DICKER, KRIVOK & STOLOFF, P.A.
1818 S. AUSTRALIAN AVENUE SUITE 400
WEST PALM BEACH, FL 33409

Current Mailing Address:

ASSOCIATED PROPERTY MANAGEMENT
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 A ESQ.
DICKER, KRIVOK, & STOLOFF, P.A.
1818 S. AUSTRALIAN AVENUE SUITE 400
WEST PALM BEACH, FL 33409 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

02/19/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ANDERSON, RICHARD
Address C/ ASSOCIATED PROPERTY
 MANAGEMENT
 8135 LAKE WORTH RD., SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title VP, 2
Name DIRSCHEL, RICHARD
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT
 8135 LAKE WORTH RD., SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER
Name CHINCHILLO, PEG
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT
 8135 LAKE WORTH RD., SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name MANSFIELD, MARY
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT
 8135 LAKE WORTH RD., SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title VP
Name SCHWEITZER, DORIS
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT
 8135 LAKE WORTH RD., SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY
Name EBERT, CONNIE
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT
 8135 LAKE WORTH RD., SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name HUSTON, HANCE
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT
 8135 LAKE WORTH RD., SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name DUFF, LORI
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT
 8135 LAKE WORTH RD., SUITE B
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

02/19/2018

