

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710957

Entity Name: LAKE COLONY APTS. THREE, INC.

Current Principal Place of Business:

C/O ALLIED PROPERTY MANAGEMENT GROUP, INC.
800 VILLAGE SQUARE CROSSING 211
PALM BEACH GARDENS, FL 33410

FILED
Apr 09, 2023
Secretary of State
7258516578CC

Current Mailing Address:

800 VILLAGE SQUARE CROSSING
SUITE 211
PALM BEACH GARDENS, FL 33410 US

FEI Number: 59-1154752

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STOLOFF & MANOFF, P.A.
1818 S AUSTRALIAN AVE
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: SCOTT A. STOLOFF, ESQ.

04/09/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GROSSE, GERALD
Address 800 VILLAGE SQUARE CROSSING
SUITE 211
City-State-Zip: PALM BEACH GARDENS FL 33410

Title TREASURER
Name MAIONE, DENISE
Address 800 VILLAGE SQUARE CROSSING
SUITE 211
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name ANDREWS, BETTY
Address 800 VILLAGE SQUARE CROSSING
SUITE 211
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SECRETARY
Name ESBRANDT, DORIS
Address 800 VILLAGE SQUARE CROSSING
SUITE 211
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name O'KEEFE, JAMES
Address 800 VILLAGE SQUARE CROSSING
SUITE 211
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT
Name KELLY, JAMES T
Address 800 VILLAGE SQUARE CROSSING
SUITE 211
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP
Name SLINGERLAND, SCOTT
Address 800 VILLAGE SQUARE CROSSING
SUITE 211
City-State-Zip: PALM BEACH GARDENS FL 33410

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: JAMES KELLY

PRESIDENT

04/09/2023

Electronic Signature of Signing Officer/Director Detail

Date