

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710957

**Entity Name:** LAKE COLONY APTS. THREE, INC.

**Current Principal Place of Business:**

800 VILLAGE SQUARE CROSSING  
211  
PALM BEACH GARDENS, FL 33410

**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.

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TREASURER  
Name BASEN, MICHAEL J  
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 TREASURER  
Name LUCEY, GERALD  
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 T KELLY

PRESIDENT

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date