

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90167 032 ***150.00

DOCUMENT # 194768

1. Corporation Name

LAKE PALMS APARTMENTS INC

Principal Place of Business

750 BURLINGTON AVENUE, NORTH
ST. PETERSBURG FL 33701

Mailing Address

750 BURLINGTON AVENUE, NORTH
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1956

4. FEI Number

59-0814139

Applied For

No. Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CLARK, GRACE
750 BURLINGTON AVE N
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MARTIN, VIRGINIA

STREET ADDRESS 750 BURLINGTON AVE N

CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE ST ☐ DELETE

NAME CLARK, GRACE

STREET ADDRESS 750 BURLINGTON AVE N

CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE P ☒ DELETE

NAME SANFORD, PEGGY

STREET ADDRESS 750 BURLINGTON AV. NO.

CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☒ DELETE

NAME ZENTGRAF, BETTY

STREET ADDRESS 750 BURLINGTON AV. NO.

CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME WACHOWITZ, TILLA

STREET ADDRESS 750 BURLINGTON AVE N

CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE D ☐ DELETE

NAME POTT, ROBERT

STREET ADDRESS 750 BURLINGTON AVE N

CITY-ST-ZIP ST PETERSBURG, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 with a letter like empowered.

SIGNATURE: GRACE L. CLARK - SECRETARY TR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 (727) 898-9184

Date

Daytime Phone #

CR2E034 (11/98)

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