FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90197 047 ***150.00

DOCUMENT # 194768

1. Entity Name: LAKE Palms Apts Inc.

DO NOT WRITE IN THIS SPACE

24068354

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
St. Petersburg	LAKE Palms Apts Inc
Suite, Apt. #, etc.: 750 Burlington AV. No	Suite, Apt. #, etc.:
City & State: St. Petersburg Fl.	City & State: St. Petersburg Fl.
Zip: 33701 Country: USA	Zip: 33701 Country: Pinellas

4. FEI Number: PN59 0814 139 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GRACE L. CLARK, TREASURER

Street Address (P.O. Box Number is Not Acceptable): 750 Burlington AV. NO

City: St. Petersburg FL Zip Code: 33701

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P) KENNETH Podkrash 750 Burlington AV. No St. Petersburg, Fl. 33701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tilla Wachowith 750 Burlington AV No St. Petersburg Fl. 33701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S) SAUNDRA BLAIR 750 Burlington AV. NO St. Petersburg, Fl 33701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T) GRACIE CLARK 750 Burlington AV. NO St. Petersburg, Fl. 33701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D) Barbara Applegate 750 Burlington AV. NO St. Petersburg, Fl. 33701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D) Valeria Turkmanek 750 Burlington AV. NO St. Petersburg Fl. 33701

DO NOT WRITE IN THIS SPACE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Grace L Clark GRACE CLARK TREAS 4-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #