


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90503 017 ***150.00

DOCUMENT # 194768
1. Entity Name LAKE Palms Apts Inc



DO NOT WRITE IN THIS SPACE

20054084

2. Principal Place of Business 750 Burlington AV No
Suite, Apt. #, etc.

3. Mailing Address 750 Burlington AV No
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State St Petersburg FL City & State St Petersburg FL 4. FEI Number 590814139 Applied For Not Applicable

Zip 33701 Country USA Pinellas Zip 33701 Country USA Pinellas 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	<u>President</u>	TITLE	
NAME	<u>Barbara Applegate # E1</u>	NAME	
STREET ADDRESS	<u>750 Burlington AV No</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>St Petersburg FL 33701</u>	CITY-ST-ZIP	
TITLE	<u>Vice President</u>	TITLE	
NAME	<u>Lilla Wachowitz # 2A</u>	NAME	
STREET ADDRESS	<u>750 Burlington AV No</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>St Petersburg FL 33701</u>	CITY-ST-ZIP	
TITLE	<u>SAUNDRA BLAIR (S) 1A</u>	TITLE	
NAME	<u>SAUNDRA BLAIR (S) 1A</u>	NAME	
STREET ADDRESS	<u>750 Burlington AV No</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>St Petersburg FL 33701</u>	CITY-ST-ZIP	
TITLE	<u>Treasurer</u>	TITLE	
NAME	<u>Grace Clark E-3</u>	NAME	
STREET ADDRESS	<u>750 Burlington AV No</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>St Petersburg FL 33701</u>	CITY-ST-ZIP	
TITLE	<u>Board Member - Director</u>	TITLE	
NAME	<u>Darden Barbara 3C</u>	NAME	
STREET ADDRESS	<u>750 Burlington AV No</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>St Petersburg FL 33701</u>	CITY-ST-ZIP	
TITLE	<u>Board Member - Director</u>	TITLE	
NAME	<u>JAMES ALLEN 5A</u>	NAME	
STREET ADDRESS	<u>750 Burlington No</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>St Petersburg FL 33701</u>	CITY-ST-ZIP	

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IN THIS SPACE**

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 empowerments.

SIGNATURE: Grace L Clark Treas
GRACE L. CLARK

Date 4-24-05 Daytime Phone # 897-898 9184

CR2E034B (12/02)