


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

04-16-2007 90037 047 ***150.00

DOCUMENT # 194768			
1. Entity 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	
2. Principal Place of Business - No P.O. Box # SAME AS ABOVE		3. Mailing Address SAME AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LINDSAY, WILLIAM L 750 BURLINGTON AVENUE NORTH ST. PETERSBURG FL 33701 DEPARTMENT OF STATE TOLSON ONLY		4. FEI Number 59-0814139 Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <i>William P. Lindsay</i> <small>Signature, typed or printed name of registered agent acceptable</small>		DATE 4/2/07 <small>(NOTE: Registered Agent's signature required when re-registering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President LINDSAY, WILLIAM L 750 BURLINGTON AVENUE NORTH ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary SAUNDRA BLAIR 750 BURLINGTON AVE N ST PETERSBURG FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Vice President DARDEN, BARBARA 750 BURLINGTON AVENUE NORTH ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director LU TYLER 750 BURLINGTON AVE N ST. PETERSBURG FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ALLEN, JAMES T 750 BURLINGTON AVENUE NORTH ST. PETERSBURG FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR LYNETTE THEISEN 750 BURLINGTON AVE N ST. PETERSBURG FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer GREENE, MARILYN 750 BURLINGTON AVENUE NORTH ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director WACHOURTZ, TILLA L 750 BURLINGTON AVENUE NORTH ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TYLER, JAMES 750 BURLINGTON AVENUE NORTH ST. PETERSBURG FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>William P. Lindsay</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/2/07 Daytime Phone # 727-878-8572	