

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1996 08:00 AM
Secretary of State

DOCUMENT # **424311** (9)

1. Corporation Name

LAKE MANOR PROPERTIES, INC.



Principal Place of Business: **13827 S INDIAN RIVER DRIVE #71 JENSEN BEACH FL 34957-2241**
Mailing Address: **C/O ADVANTAGE PROPERTY MANAGEMENT P.O. BOX 65 JENSEN BEACH FL 34958**

3. Date Incorporated or Qualified: **04/23/1973** 3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number: **59-1449330** Applied For: Not Applicable:

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

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

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORTE, LORRAINE
C/O ADVANTAGE PROPERTY MANAGEMENT
1274 N.E. BUSINESS PARK PLACE
JENSEN BEACH FL 34957**

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

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	T LYNCH, WILLIAM
STREET ADDRESS	13827 S INDIAN RVR DR#48
CITY-ST-ZIP	JENSEN BCH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD TITHERINGTON, GERALD
STREET ADDRESS	P.O. BOX 87 N/A
CITY-ST-ZIP	MIKANA WV
TITLE	<input type="checkbox"/> DELETE
NAME	VP GROVE, GEORGE
STREET ADDRESS	13827 S INDIAN RVR DR#59
CITY-ST-ZIP	JENSEN BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	P COOK, EILEEN
STREET ADDRESS	13827 S INDIAN RVR DR#30
CITY-ST-ZIP	JENSEN BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HARTMAN, HARVEY
STREET ADDRESS	13827 S. INDIAN RIVER DR. #33
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D PARKER, DARYL
STREET ADDRESS	13827 S. INDIAN RIVER DR. #62
CITY-ST-ZIP	JENSEN BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD NORMAN LEROUX
2.3 STREET ADDRESS	13827 S Indian River Dr. #45
2.4 CITY-ST-ZIP	Jensen Beach, FL 34957
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Eileen Cook* **EILEEN COOK** 4/17/96 407-334-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)