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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 707755 (5)
1. Corporation Name
LAKELAND HARBOUR APARTMENTS INC.



Principal Place of Business Mailing Address
1600 W LAKE PARKER DR #D7 LAKELAND FL 33805 US
1600 W LAKE PARKER DR #D7 LAKELAND FL 33805-3727 US

3. Date Incorporated or Qualified 08/31/1964
3a. Date of Last Report 05/22/1996
4. FEI Number 59-1196609 Applied For Not 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
DUNN, JOHN Delete.
1800 W. LAKE PARKER DR.
C-25
LAKELAND FL 33805

10. Name and Address of New Registered Agent
81 Name Robertson, Charles D.
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 1600 W. LAKE PARKER DR. D.5
LAKELAND FL 85 Zip Code 33805

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE CHARLES D. ROBERTSON, PRESIDENT *Charles D. Robertson* 4-3-97
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WHITEMAN, LOUISE L.	
STREET ADDRESS	1600 LK PARKER DR., A-21	
CITY-ST-ZIP	LAKELAND	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELBLEY, ROBERT	
STREET ADDRESS	1600 W LAKE PARKER DR C-5	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	T/S	<input type="checkbox"/> DELETE
NAME	SMITH, NOREEN R	
STREET ADDRESS	1600 W LAKE PARKER DR D7	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, DAN	
STREET ADDRESS	1600 W LAKE PARKER DR B-21	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, JOHN	
STREET ADDRESS	1600 W LAKE PARKER DR., C-25	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> DELETE
NAME	D. RICHARD WHALLEY	
STREET ADDRESS	1600 W LAKEPARKER DR B 2	
CITY-ST-ZIP	LAKELAND	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLES ROBERTSON	
1.3 STREET ADDRESS	1600 W LK PARKER DR. D5	
1.4 CITY-ST-ZIP	LAKELAND	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP. MICHAEL KING	
2.3 STREET ADDRESS	1600 W LAKE PARKER DR A 1	
2.4 CITY-ST-ZIP	LAKELAND	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D. ROBERT REED	
4.3 STREET ADDRESS	1600 W LAKE PARKER DR B 6	
4.4 CITY-ST-ZIP	LAKELAND	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D LAVADA MILLER	
5.3 STREET ADDRESS	1600 W LAKE PARKER DR A 2	
5.4 CITY-ST-ZIP	LAKELAND	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D .WILLIAM DEMMONS	
6.3 STREET ADDRESS	1600 W LAKRPARKER DR D 24	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Charles D. Robertson Pres.* 4-3-97 941-688-7651
DATE: 4-3-97 DAYTIME PHONE: 0052758

CR2E037 (9/96)