## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(5)

LAKELAND HARBOUR APARTMENTS INC.

Principal Plac	e of Business	Mailing Address			161 <b>- 1616</b> 14 <b>- 1616</b> 14 - 161614 - 161614 - 161614 - 161614 - 161614 - 161614 - 161614 - 161614 - 161614 - 161614
1800 W LAKE PARKER DR		1800 W LAKE PARKER DR		3. Date Incorporated or Qualified	
#D7		<b>#</b> D7		08/31/1964	
LAKELAND FL 33805		LAKELAND FL 33805 US		4. FEI Number	Applied For
		•		59-1196609	Not Applicable
<b>⊢</b> .	Place of Business	2a. Mailing Address		6. Certificate of Status Desired	\$8.75 Additional
21	M - N	26		U. Communito di Status Desireti	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		Trust Fund Contribution	Added to Fees
23		28		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	<del></del>
24	25	29	30		Yes No
	9, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	Agent
			81 Name		
ROBERTSON, CHARLES D			82 Street A	Address (P.O. Box Number is Not Acceptable)	
1600 W LAKE PARKER DR					
#D5			83		
LAKELA	ND FL 33805		84 City		85 Zip Code
44 - D	A	00 - J 047 4500 E. J 4 0		FL	.     '
office or i	to the provisions of Sections 617.05 registered agent, or both, in the Stat	io of Florida. Such change was a	s, the above-named outhorized by the corp	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	changing its registered ointment as registered
agent. La	m familia with, and accept the oblin	pelions of, Section 617.0503, Flor	rida Statutes.	11-	7.00
SIGNATURE .	Signature, typed or printed name of registered as	peni and title if applicable (NOTE	Registered Agent signature r	required when reinstating) DATE	7-98
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	ROBERTSON, CHARLES		1.2 NAME		
STREET ADDRESS	1600 W LAKE PARKER DRIV	/E, #D-5	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND		1.4 City-St-ZiP		
TITLE	Ab monte.	☐ DELETE	2.1 TITLE		Change Addition
NAME	KING, MICHAEL	P 41 4	2.2 NAME		
STREET ADDRESS	1800 W LAKE PARKER DRIV   LAKELAND FL	E, FA-I	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TS TS	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	SMITH. NOREEN R	Carrie	3.2 NAME		Change Addition
STREET ADORESS	1600 W LAKE PARKER DR	D7	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	reed, robert		4. 2 NAME		
STREET ADDRESS	1600 W LAKE PARKER DRIV	E, #B-6	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, LAVADA		5.2 NAME		
STREET ADDRESS	1800 W LAKE PARKER DRIV	E, #A-2	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL D	( Druttr	5.4 CITY-ST-ZIP		
TITLE NAME	WHALLEY, RICHARD	☐ DELETE	6.1 TITLE	$S_{ij} = \frac{1}{2} S_{ij}$	☐ Change ☐ Addition
STREET ADDRESS	1600 W LAKE PARKER DRIV	E 40.9	6.2 NAME		
CITY-ST-ZIP	LAKELAND FL	L, TUE	6.9 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I hereby c	ertify that the information supplied v	with this filing does not qualify for	the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further cer	rtify that the information
officer or	on this annual report or supplement director of the corporation or the rec	ial annual report is true and accu selver or trustee empowered to ex	rate and that my sign recute this report as r	ature shall have the same legal effect as if made und required by Chapter 617, Florida Statutes; and that m	der oath; that I am an
Block 12 or Block 13 if changed, or on an attachment with an address.					

**SIGNATURE:** 

**FILED** 

Apr 16 1998 8:00am

Secretary of State