

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90023 016 ****61.25

DOCUMENT # 708572

1. Entity Name
LAKE COLONY APTS, ONE, INC.



Principal Place of Business
**ASSOCIATED PROPERTY MGMT.
1428 LAKE WORTH RD.
LAKE WORTH, FL 33461**

Mailing Address
**ASSOCIATED PROPERTY MGMT.
1428 LAKE WORTH RD.
LAKE WORTH, FL 33461**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1112729

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461**

7. Name and Address of New Registered Agent

Name **EDWARD DICKER, ESQUIRE**

Street Address (P.O. Box Number is Not Acceptable)
1818 Australian Ave. South

Suite 400

City **West Palm Beach FL** Zip Code **33409**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
NAME **GIBSON, STANLEY C**
STREET ADDRESS **101 DOOLEN CT 110B**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **VD** ☐ Delete
NAME **MANSFIELD, MARY**
STREET ADDRESS **100 DOOLEN CT 308A**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **PD** ☐ Delete
NAME **ANDERSON, RICHARD**
STREET ADDRESS **100 DOOLEN CT UNIT 204 B**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **SD** ☒ Delete
NAME **FITZGERALD, NANCY**
STREET ADDRESS **100 DOOLEN CT 205 A**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **D** ☒ Delete
NAME **HUSTON, HANCE**
STREET ADDRESS **100 DOOLEN CT 114A**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **VD** ☒ Delete
NAME **SCHWEITZER, DORIS**
STREET ADDRESS **100 DOOLEN CT 113A**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
NAME **VOORHEES, NAETER R.**
STREET ADDRESS **100 DOOLEN CT. #106-A**
CITY-ST-ZIP **NO. PALM BEACH, FL 33408**

TITLE **TD1** ☒ Change ☐ Addition
NAME **SCHWEITZER, DORIS**
STREET ADDRESS **100 DOOLEN CT. #113-A**
CITY-ST-ZIP **NO. PALM BEACH, FL 33408**

TITLE **TD2** ☐ Change ☒ Addition
NAME **LONERGAN, KATHLEEN**
STREET ADDRESS **7177 CENTENNIAL TRAIL**
CITY-ST-ZIP **ROCKFORD, IL 61107**

TITLE **D** ☐ Change ☒ Addition
NAME **DIRSCHEL, RICHARD**
STREET ADDRESS **2520 KNOB Hill DR.**
CITY-ST-ZIP **DUBUQUE, IA 52003**

TITLE **D** ☐ Change ☒ Addition
NAME **STEARNS, ROLAND**
STREET ADDRESS **DURANT Rd - PO Box 249**
CITY-ST-ZIP **BLUE MOUNTAIN LAKE, NY 12812**

TITLE **D** ☐ Change ☐ Addition
NAME **CHINCHILLO, PEG**
STREET ADDRESS **248 PARK DR.**
CITY-ST-ZIP **DELLMAWR, NJ 08031**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-08

815-940-8459