FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:36

DOCUMENT # 709183 (8)

1. Corporation Name

LAKE COLONY APTS. TWO, INC.

Principal Place of Business	Mailing Address
112-130 DOOLEN COURT NORTH PALM BEACH FL 33408	112-130 DOOLEN COURT NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1965
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1113704 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21 ____ Suite, Apt. #, etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____

2a. Mailing Address: 26 ____ Suite, Apt. #, etc. 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

9. Name and Address of Current Registered Agent

YETMAN, RITA J
130 DOOLEN CT, #109E
N. PALM BEACH FL 33408

10. Name and Address of New Registered Agent

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 ____________ DATE ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Asst.T ☐ Change ☒ Addition
NAME	WISHE, ALGERDA	1.2 NAME	Osborne, John
STREET ADDRESS	112 DOOLEN CT.	1.3 STREET ADDRESS	130 Doolen, #204-E
CITY-ST-ZIP	N. PALM BCH. FL	1.4 CITY-ST-ZIP	N. Palm Bch, FL 33408
TITLE	~~VD~~	2.1 TITLE	D ☐ Change ☒ Addition
NAME	~~MILLAR, ELINOR~~	2.2 NAME	Hicks, Worth
STREET ADDRESS	~~112 DOOLEN CT, 205F~~	2.3 STREET ADDRESS	112 Doolen, #104-F
CITY-ST-ZIP	~~N PALM BEACH FL~~	2.4 CITY-ST-ZIP	N. Palm Beach, FL 33408
TITLE	VD	3.1 TITLE	D ☐ Change ☒ Addition
NAME	CALVANO, ANTHONY	3.2 NAME	Collin, Lee
STREET ADDRESS	112 DOLLEN CRT, APT 205F	3.3 STREET ADDRESS	130 Doolen #105-E
CITY-ST-ZIP	NORTH PALM BCH FL	3.4 CITY-ST-ZIP	N. Palm Beach, FL 33408
TITLE	TD	4.1 TITLE	D ☐ Change ☒ Addition
NAME	DAWSON, ANN	4.2 NAME	Himmelsbach, Joseph
STREET ADDRESS	130 DOOLEN CT. #108E	4.3 STREET ADDRESS	130 Doolen, #210-E
CITY-ST-ZIP	N PALM BEACH FL	4.4 CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	YETMAN, RITA J.	5.2 NAME	
STREET ADDRESS	130 DOOLEN CRT, APT 109E	5.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	V/P ☒ Change ☐ Addition
NAME	CHIPMAN, LAURETTE	6.2 NAME	CHIPMAN, LAURETTE
STREET ADDRESS	130 DOOLEN CT, 105-E	6.3 STREET ADDRESS	130 Doolen Ct., #105-E
CITY-ST-ZIP	N PALM BCH FL	6.4 CITY-ST-ZIP	N. Palm Beach, FL 33408

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE X Rita J. Yetman 4/7/95 407-845-0152
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #
RITA J. YETMAN