FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39140 (9)

1. Corporation Name

LAKEWOOD TERRACE HOUSING CORP.

Principal Place of Business	Mailing Address
C/O THE GATEHOUSE GROUP, INC. 313 CONGRESS STREET BOSTON MA 02210	C/O THE GATEHOUSE GROUP, INC. 313 CONGRESS STREET BOSTON MA 02210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1992	3a. Date of Last Report: 11/14/1994
4. FEI Number: 04-3156782	☐ 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	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

ATTAWAY, JOHN A JR. ESQ
1 LAKE MORTON DR.
LAKELAND FL 33802-0003

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 — Registered Agent Signature Required When Changing — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☐ Change ☐ Addition
NAME	PLONSKIER, MARC S	12 NAME	
STREET ADDRESS	313 CONGRESS ST.	13 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	14 CITY ST ZIP	
TITLE	EXVP	21 TITLE	☐ Change ☐ Addition
NAME	CANEPARI, DAVID J	22 NAME	
STREET ADDRESS	313 CONGRESS ST.	23 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	DONOVAN, TIMOTHY M	32 NAME	
STREET ADDRESS	313 CONGRESS ST.	33 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	34 CITY ST ZIP	
TITLE	ASC	41 TITLE	☐ Change ☐ Addition
NAME	NEUFELD, SARITA D	42 NAME	
STREET ADDRESS	313 CONGRESS ST.	43 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information indicated on this filing is currently furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 added in an attachment with an address.

SIGNATURE: MARC PLONSKIER 4-28-95 (617) 267-6227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473478 FP