FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000082079 (1)

1. Corporation Name
TWIN OAKS APARTMENTS OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
954 CLARELLEN DRIVE FT. MYERS FL 33919	~~954 CLARELLEN DRIVE~~ FT. MYERS FL 33919

3. Date Incorporated or Qualified: 10/25/1995
3a. Date of Last Report:

2. Principal Place of Business: 21 3027 Broadway #77
Suite, Apt. #, etc: 22
City & State: 23
Zip: 24 33901 Country: 25

2a. Mailing Address: 26 P O Box 1020
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 33902 Country: 30

4. FEI Number: 65-0617931 ☐ 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

9. Name and Address of Current Registered Agent

HELGEMO, STEPHEN L
1715 MONROE STREET
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 (P.O. Box Number is Not Acceptable) Peppertree Apts. Manager,
83 ~~3207 Broadway, #77~~ 3027 Broadway #77
Fort Myers, FL 33901
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 ______ Signature, typed or printed name of registered agent & title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LATELL, FRANK A	
STREET ADDRESS	954 CLARELLEN DRIVE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	☐ DELETE
NAME	LATELL, KATHLEEN	
STREET ADDRESS	954 CLARELLEN DRIVE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	Peppertree Apts. Manager,	
1.3 STREET ADDRESS	~~3207 Broadway, #77~~ 3027 Broadway #77	
1.4 CITY-ST-ZIP	Fort Myers, FL 33901	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	Peppertree Apts. Manager,	
2.3 STREET ADDRESS	~~3207 Broadway, #77~~, 3027 Broadway #77	
2.4 CITY-ST-ZIP	Fort Myers, FL 33901	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	400001881074	☐ Change ☐ Addition
6.2 NAME	-07/02/96--01014--019	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

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

SIGNATURE: [signature] FRANK A. LATELL 6/18/96 (704) 884-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)