

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

90 JUN 14 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000022721

1. Corporation Name

LAKWOOD SENIOR APARTMENTS DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
300 International Parkway Suite 270 Heathrow, FL 32746	300 International Parkway Suite 270 Heathrow, FL 32746

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business 300 International Parkway Suite, Apt. #, etc. Suite 270 City & State Heathrow, FL Zip 32746	25	Country US	26	2a. Mailing Address 800 N. Magnolia Ave. Suite, Apt. #, etc. Suite 1500 City & State Orlando, FL Zip 32803	29	Country US
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3. Date Incorporated or Qualified	03/09/98
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Cahall, Peter S.
300 International Parkway, Suite 270
Heathrow, FL 32746

10. Name and Address of New Registered Agent

81	Name	Bozarth, Stephen J.
82	Street Address (P.O. Box Number is Not Acceptable)	800 N. Magnolia Ave
83	Suite 1500	409002907201-3 -06/17/99 - 01020-011
84	City	Orlando ***150.00 FL ***32803

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: *Stephen J. Bozarth* x 6/14/99
Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cahall, Peter S.	1.2 NAME	Cashall, Peter S.
STREET ADDRESS	300 International Pkwy., Suite 270	1.3 STREET ADDRESS	300 International Pkwy., Suite 270
CITY-ST-ZIP	Heathrow, FL 32746	1.4 CITY-ST-ZIP	Heathrow, FL 32746
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campisi, James M.	2.2 NAME	Campisi, James M.
STREET ADDRESS	300 International Pkwy., Suite 270	2.3 STREET ADDRESS	300 International Pkwy., Suite 270
CITY-ST-ZIP	Heathrow, FL 32746	2.4 CITY-ST-ZIP	Heathrow, FL 32746
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Townsend, Clay M.
STREET ADDRESS		3.3 STREET ADDRESS	35 West Michigan Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen J. Bozarth* x 6/18/99 (407) 333-2905
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)