FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

95 MAY 15 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V12321 (8)

1. Corporate Name
LAKE CREST-ORLANDO APARTMENTS, INC.

Principal Place of Business
255 SOUTH ORANGE AVENUE
SUITE 800
ORLANDO FL 32801

Mailing Address
255 SOUTH ORANGE AVENUE
SUITE 800
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1992
3a. Date of Last Report: 05/18/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or — 22
Suite, Apt. # or — 27
City, State — 23
City, State — 28
24 25 29 30

4. FEI Number: ~~59-1378202~~ 59-3107023 — 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. This corporation has authority to transact business in Florida but is subject to the provisions of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MACKINNON, ALEXANDER C.
255 SOUTH ORANGE AVENUE
SUITE 800
ORLANDO FL

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 Section 607.0501, and/or 607.1608, 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

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	OCHOA, JORGE
STREET ADDRESS	P. O. BOX 98 N/A
CITY, ST, ZIP	ST.JUST PR
TITLE	VP
NAME	ALEXANDER C. MACKINNON
STREET ADDRESS	255 S. ORANGE AVE. STE. 800
CITY, ST, ZIP	ORLANDO FL 32801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sec. 119.07(3)(i), Florida Statutes. I further certify that the information contained in the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12. or Block 13. (changes) or on an attachment with an address.

SIGNATURE: Alexander C. Mackinnon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 (407) 843-7300
Date Phone #

0064025 CP