


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90010 020 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 729825

1. Corporation Name
OAK LAKE PARK I CONDOMINIUM ASSOCIATION, INC.

315076 - 90010 - 20

| | |
|---|---|
| Principal Place of Business 1960 UNION ST UNIT 19 CLEARWATER FL 34623-9251 | Mailing Address 1960 UNION ST UNIT 19 CLEARWATER FL 34623-9251 |
|---|---|



| | | | | |
|--|--|---|---------------------------------|-------------------------------|
| 2. Principal Place of Business 21 1960 UNION STREET Suite, Apt. #, etc. 22 UNIT # 43 City & State 23 CLEAR WATER FL Zip Country 24 33763 25 USA | 2a. Mailing Address 26 1960 UNION STREET Suite, Apt. #, etc. 27 UNIT # 43 City & State 28 CLEARWATER FL Zip Country 29 33763 30 USA | 3. Date Incorporated or Qualified 06/03/1974 | 4. FEI Number NOT APPLICABLE | Applied For 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 | | |

9. Name and Address of Current Registered Agent

HASKINS, PATRICIA
 1960 UNION ST
 APT 19
 CLEARWATER FL 34623

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Patricia Haskins DATE 2-13-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | WOOD, JAMI K | |
| STREET ADDRESS | 1960 UNION STREET, #8 | |
| CITY-ST-ZIP | CLEARWATER FL 33763 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | BATT, SUSAN | |
| STREET ADDRESS | 1960 UNION ST. #2 | |
| CITY-ST-ZIP | CLEARWATER FL 34623 | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | WEINSTEIN, ROBERT | |
| STREET ADDRESS | 1960 UNION ST. #18 | |
| CITY-ST-ZIP | CLEARWATER FL 33763 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | JAMES R GILMORE | |
| 3.3 STREET ADDRESS | 1960 UNION ST. #22 | |
| 3.4 CITY-ST-ZIP | CLEARWATER FL 33763 | |
| 4.1 TITLE | DVP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | CLAUD GERNERT | |
| 4.3 STREET ADDRESS | 1960 UNION ST. #6 | |
| 4.4 CITY-ST-ZIP | CLEARWATER FL 33763 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 617, 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: Jami Wood SIGNATURE REQUIRED: JAMI K WOOD DATE: 3/1/99 DAYTIME PHONE #: 727-572-9200

CR2E037 (1/98)