

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90233 033 ****61.25

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DOCUMENT # 729825
 1. Entity Name
OAK LAKE PARK I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1960 UNION ST UNIT 43 CLEARWATER FL 33763	Mailing Address 1960 UNION ST UNIT 43 CLEARWATER FL 33763
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	NOT APPLICABLE	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		\$8.75	Additional Fee Required

6. Name and Address of Current Registered Agent

**HASKINS, PATRICIA
 1960 UNION ST
 APT 19
 CLEARWATER FL 34623**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WOOD, JAMI K	
STREET ADDRESS	1960 UNION STREET, #8	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, BETTY	
STREET ADDRESS	1960 UNION STREET # 12	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WOOD, CHARLES F	
STREET ADDRESS	1960 UNION STREET UNIT #8	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HASKINS, PATRICIA	
STREET ADDRESS	1960 UNION STREET # 19	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, KITTY	
STREET ADDRESS	1960 Union Street, #12	
CITY-ST-ZIP	Clearwater, FL. 33763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUCKEY, BEA	
STREET ADDRESS	1960 Union Street, #11	
CITY-ST-ZIP	Clearwater, FL. 33763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kitty Gibson** *Kitty Gibson* **3/3/02** **727-736-2223**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)