

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 731778 (7)

1. Corporation Name

LAKE OVERLOOK UNIT 4 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O RAMPART PROPERTIES, INC.
10033 NINTH STREET NORTH, SECOND FLOOR
ST. PETERSBURG FL 33716-3805

C/O RAMPART PROPERTIES, INC.
10033 NINTH STREET NORTH, SECOND FLOOR
ST. PETERSBURG FL 33716-3805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOUSIGNANT, DONALD
C/O RAMPART PROPERTIES, INC.
10033 NINTH STREET NORTH, SECOND FLOOR
ST. PETERSBURG FL 33716**

81 Name **Billy K. Osburn**
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Rampart Properties, Inc.
83 **10033 Ninth Street North, 2nd Floor**
84 City **St. Petersburg,** **FL** 85 Zip Code **33716**

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 this 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

Billy K. Osburn **BILLY K. OSBURN**

4/24/95

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	BARNES ROSEMARY
STREET ADDRESS	4595 CHANCELLOR ST NE #102
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	ZAHN, JOSEPH
STREET ADDRESS	4595 CHANCELLOR ST. NE
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	V
NAME	SANFORD, VIRGINIA
STREET ADDRESS	4801 CHANCELLOR ST. NE
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	ANDERSON, GILBERT
STREET ADDRESS	4595 CHANCELLOR ST NE 105
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	PD
NAME	BAIRD, WILLIAM
STREET ADDRESS	4595 CHANCELLOR ST NE 215
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	TD
NAME	SMITH MARY
STREET ADDRESS	4595 CHANCELLOR ST NE #107
CITY - ST - ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	Goodbub, John	
1.3 STREET ADDRESS	#329	
1.4 CITY - ST - ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	Kroll, Malcolm	
2.3 STREET ADDRESS	#335	
2.4 CITY - ST - ZIP		
3.1 TITLE	S/D	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Jukus, Leonard	
4.3 STREET ADDRESS	223	
4.4 CITY - ST - ZIP		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME	delete	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	P/T/D	☒ Change ☐ Addition
6.2 NAME	Jones, Mary Francis	
6.3 STREET ADDRESS	108	
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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donna Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-95
Date

813-525-7452
Telephone Number