

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

1 of 2

DOCUMENT # 731778 (7)

1. Corporation Name
LAKE OVERLOOK UNIT 4 ASSOCIATION, INC.



Principal Place of Business: C/O RAMPART PROPERTIES, INC. 10033 NINTH STREET NORTH, SECOND FLOOR ST. PETERSBURG FL 33716-3805
Mailing Address: C/O RAMPART PROPERTIES, INC. 10033 NINTH STREET NORTH, SECOND FLOOR ST. PETERSBURG FL 33716-3805

3. Date Incorporated or Qualified: 01/31/1975
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1766174
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
OSBURN, BILLY K
C/O RAMPART PROPERTIES, INC.
10033 NINTH STREET NORTH, SECOND FLOOR
ST. PETERSBURG FL 33716

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODBUB, JOHN	1.2 NAME
STREET ADDRESS	4595 CHANCELLOR ST NE 329	1.3 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROLL, MALCOLM	2.2 NAME
STREET ADDRESS	4595 CHANCELLOR ST NE 335	2.3 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANFORD, VIRGINIA	3.2 NAME
STREET ADDRESS	4601 CHANCELLOR ST. NE	3.3 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUKUS, LEONARD	4.2 NAME
STREET ADDRESS	4595 CHANCELLOR ST NE 223	4.3 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP
TITLE	PTD <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, MARY FRANCIS	5.2 NAME
STREET ADDRESS	4595 CHANCELLOR ST NE 108	5.3 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIRD SHIRLEY T.	6.2 NAME
STREET ADDRESS	4595 CHANCELLOR ST NE # 215	6.3 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP

SD CAROL WILLIAMSON # 4595 CHANCELLOR ST, N.E. 145 ST. PETERSBURG, FL. Change Addition
PD JONES, MARY FRANCIS # 708 4595 CHANCELLOR ST. N.E. # 708 ST. PETERSBURG, FL. Change Addition

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 119.07(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: Mary Frances Jones 03-15-96 813 525 7252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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D
Lewis Freedman
4595 Chancellor St.N.E. #112
St. Petersburg, FL 33703