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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

731778

I AKE OVERLOOK UNIT 4 ASSOCIATION, INC.

Mailing Address Principal Place of Business C/O RAMPART PROPERTIES. INC. C/O RAMPART PROPERTIES. INC. 10033 NINTH STREET NORTH, SECOND FLOOR 10033 NINTH STREET NORTH, SECOND FLOOR ST. PETERSBURG FL 33716-3905 ST. PETERSBURG FL 33716-3805 3a. Date of Last Report 3. Date Incorporated or Qualified 01/31/1975 05/01/1995 Applied For 4. fEl Numbe 2a. Mailing Address 2. Principal Place of Business 59-1766174 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Ζφ ☐ Yes ☐ No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) OSBURN, BILLY K 82 C/O RAMPART PROPERTIES, INC. 83 10033 NINTH STREET NORTH, SECOND FLOOR ST. PETERSBURG FL 33716 85 Zip Code 84 City 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, 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) CR2E037 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change DELETE 1.1 TITLE **VPD** TITLE 1.2 NAME GOODBUB, JOHN NAME 4595 CHANCELLOR ST NE 329 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 21 TITLE TITLE 22 NAME KROLL, MALCOLM NAME 4595 CHANCELLOR ST NE 335 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE CAROL WILLIAM SON SANFORD, VIRGINIA 3.2 NAME NAME 4601 CHANCELLOR ST. A 4601 CHANCELLOR ST. NE 3 3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FI ST. PETERSBURG FL 3.4. CITY-ST-ZIP DITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME JUKUS, LEONARD NAME 4.3 STREET ADDRESS 4595 CHANCELLOR ST NE 223 STREET ADDRESS ST. PETERSBURG FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 51 TITLE TITLE PTD JOUES, MARY FRANKIS
4595 CHANCELLOR ST.N.E. #108 JONES, MARY FRANCIS 5.2 NAME NAME 4595 CHANCELLOR ST NE 108 5.3 STREET ADDRESS STREET ADDRESS ST. PETALSRUPE, A. ST. PETERSBURG FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE BAIRD STIRLEY T. 4595 CHANCELLOKS ST. PETERS BURD FT 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 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 early; 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. CITY-ST-ZIP

AND TYPED ON PRINTED NAME OF SONING OFFICER OR DIRECTOR

03 - 15 - 96 813 525 7252

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