

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33716-3805C/O RAMPART PROPERTIES, INC.
10033 NINTH STREET NORTH, SECOND FLOOR
ST. PETERSBURG FL 33716-38043. Date Incorporated or Qualified
01/31/19753a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

4. FEI Number

59-1766174

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSBURN, BILLY K
C/O RAMPART PROPERTIES, INC.
10033 NINTH STREET NORTH, SECOND FLOOR
ST. PETERSBURG FL 33716

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME GOODBUB, JOHN
STREET ADDRESS 4595 CHANCELLOR ST NE 329
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETETITLE D
NAME KROLL, MALCOLM
STREET ADDRESS 4595 CHANCELLOR ST NE 335
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETETITLE SD
NAME WILLIAMSON, CAROL
STREET ADDRESS 4601 CHANCELLOR STREET NE #145
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETETITLE D
NAME JUKUS, LEONARD
STREET ADDRESS 4595 CHANCELLOR ST NE 223
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETETITLE PD
NAME JONES, MARY FRANCIS
STREET ADDRESS 4595 CHANCELLOR STREET NE #208
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETETITLE TD
NAME BAIRD, SHIRLEY T.
STREET ADDRESS 4595 CHANCELLOR ST NE #215
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

14. I do 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.

SIGNATURE: *M. Mortham* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051225

CR2E037 (9/96)