


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
01/31/1975

4. FEI Number 59-1766174	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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	85 Zip Code
				FL

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD GOODBUB, JOHN 4595 CHANCELLOR ST NE 329 ST. PETERSBURG FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D KROLL, MALCOLM 4595 CHANCELLOR ST NE 335 ST. PETERSBURG FL	<input checked="" type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	SD WILLIAMSON, CAROL 4601 CHANCELLOR STREET NE #145 ST. PETERSBURG FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	D JUKUS, LEONARD 4595 CHANCELLOR ST NE 223 ST. PETERSBURG FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
	PD JONES, MARY FRANCIS 4595 CHANCELLOR STREET NE #208 ST. PETERSBURG FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	TD BAIRD, SHIRLEY T. 4595 CHANCELLOR ST NE #215 ST. PETERSBURG FL	<input type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE	VPD PAULA CHISHOLM 10033 Ninth St. N. 2 nd Fl. St. Petersburg, FL 33716-3805
2.1 TITLE	D JEAN FLYNN 10033 Ninth St. N. 2 nd Fl. St. Petersburg, FL 33716-3805
3.1 TITLE	SD VIRGINIA SANFORD 10033 Ninth St. N. 2 nd Fl. St. Petersburg, FL 33716-3805
4.1 TITLE	10033 Ninth St. N. 2 nd Fl. St. Petersburg, FL 33716-3805
5.1 TITLE	10033 Ninth St. N. 2 nd Fl. St. Petersburg, FL 33716-3805
6.1 TITLE	10033 Ninth St. N. 2 nd Fl. St. Petersburg, FL 33716-3805

14. 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 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 JONES 4/10/98 (813) 525-7252

CP2E037 (10/97)