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**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 731778**

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



2. Principal Place of Business

21 c/o Rampart Properties, Inc.

Suite, Apt. #, etc.

22 City & State

23 St. Petersburg, FL

24 33716-3805 25 U.S.

2a. Mailing Address

26 10033 9th St. N. - 2nd Floor

Suite, Apt. #, etc.

27 City & State

28 St. Petersburg, FL

29 33716-3805 30 U.S.

3. Date Incorporated or Qualified

01/31/1975

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CHISHOLM, PAULA	
STREET ADDRESS	10033 NINTH ST. N. 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLYNN, JEAN	
STREET ADDRESS	10033 NINTH ST. N., 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANFORD, VIRGINIA	
STREET ADDRESS	10033 NINTH ST. N., 2ND FLOOR	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JUKUS, LEONARD	
STREET ADDRESS	10033 9TH ST. N. 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, MARY FRANCIS	
STREET ADDRESS	10033 9TH ST. N. 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAIRD, SHIRLEY T.	
STREET ADDRESS	10033 9TH ST. N. 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Orcutt, Paula	
1.3 STREET ADDRESS	10033 9th St. N. - 2nd Floor	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kroll, Malcom	
2.3 STREET ADDRESS	10033 9th Street No. - 2nd Floor	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *X* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY FRANCES JONES  
 1-27-99  
 727 525 725 2  
 Date Daytime Phone #

CR2E037 (1/198)