2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731778

FILED
Apr 28, 2004
Secretary of State

Entity Name: LAKE OVERLOOK UNIT 4 ASSOCIATION, INC.

Current Principal Place of Business:

C/O RAMPART PROPERTIES, INC.
10033 NINTH STREET NORTH, SECOND FLOOR
ST. PETERSBURG, FL 337163804 US

New Principal Place of Business:

Current Mailing Address:

C/O RAMPART PROPERTIES, INC.
10033 NINTH STREET NORTH, SECOND FLOOR
ST. PETERSBURG, FL 337163804 US

New Mailing Address:

FEI Number: 59-1766174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BENSON, TIMOTHY
Address: 10033 9TH ST NORTH
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VPD ( ) Delete
Name: SMITH, WAYNE
Address: 10033 9TH ST NORTH
City-St-Zip: ST. PETERSBURG, FL 33716

Title: D ( ) Delete
Name: GOEDHARTDT, RUDOLPH
Address: 10033 NINTH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33716

Title: PD ( ) Delete
Name: FLYNN, JEAN
Address: 10033 9TH ST N
City-St-Zip: ST. PETERSBURG, FL 33716

Title: SD ( ) Delete
Name: WILLIAMSON, CAROL
Address: 10033 NINTH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33716

Title: TD ( ) Delete
Name: BAIRD, SHIRLEY T.
Address: 10033 9TH ST. N. 2ND FL
City-St-Zip: ST. PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN FLYNN PD 04/28/2004
Electronic Signature of Signing Officer or Director Date