

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

03-24-2003 90133 013 ****61.25

DOCUMENT # 744824

1. Entity Name

OAK LAKE PARK II, INC., A CONDOMINIUM



Principal Place of Business

**1960 UNION STREET
BOX 44
CLEARWATER FL 33763**

Mailing Address

**1960 UNION STREET
BOX 44
CLEARWATER FL 33763**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1884795**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUNDEN, ALLI A
1960 UNION ST.
APT 30
CLEARWATER FL 33763**

Name **KERRI WILSON**

Street Address (P.O. Box Number is Not Acceptable)

1960 UNION ST. APT 31

City **CLEARWATER**

FL

Zip Code **33763**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kerri Wilson, **KERRI WILSON, SECRETARY/TREASURER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **NANDRAM, ROBERT**
STREET ADDRESS **3147 FIESTA DR**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **PD** ☒ Change ☐ Addition
NAME **NANCY BUEHLER**
STREET ADDRESS **1960 UNION STREET APT 35**
CITY-ST-ZIP **CLEARWATER, FLORIDA 33763**

TITLE **VD** ☒ Delete
NAME **JABLONSKI, JANICE**
STREET ADDRESS **1960 UNION ST. APT 29**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **STD** ☒ Change ☐ Addition
NAME **KERRI WILSON**
STREET ADDRESS **1960 UNION STREET APT 31**
CITY-ST-ZIP **CLEARWATER, FLORIDA 33763**

TITLE **STD** ☒ Delete
NAME **LUNDEN, ALLI A**
STREET ADDRESS **1960 UNION ST APT 30**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **VD** ☐ Change ☒ Addition
NAME **JANICE JABLONSKI**
STREET ADDRESS **1960 UNION ST APT 29**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kerri Wilson, **KERRI WILSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

Date

727-733-3037

Daytime Phone #

CR2E037 (10/02)