


FILE NOW: FILING FEE IS \$61.25

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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	<input checked="" type="checkbox"/> DELETE
NAME	GOODBUB, JOHN	
STREET ADDRESS	4595 CHANCELLOR ST NE 329	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KROLL, MALCOLM	
STREET ADDRESS	4595 CHANCELLOR ST NE 335	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMSON, CAROL	
STREET ADDRESS	4601 CHANCELLOR STREET NE #145	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JUKUS, LEONARD	
STREET ADDRESS	4595 CHANCELLOR ST NE 223	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, MARY FRANCIS	
STREET ADDRESS	4595 CHANCELLOR STREET NE #208	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAIRD, SHIRLEY T.	
STREET ADDRESS	4595 CHANCELLOR ST NE #215	
CITY-ST-ZIP	ST. PETERSBURG FL	

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAULA CHISHOLM	
1.3 STREET ADDRESS	10033 Ninth St. N. 2 nd Fl.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEAN FLYNN	
2.3 STREET ADDRESS	10033 Ninth St. N. 2 nd Fl.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VIRGINIA SANFORD	
3.3 STREET ADDRESS	10033 Ninth St. N. 2 nd Fl.	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	10033 Ninth St. N. 2 nd Fl.	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	10033 Ninth St. N. 2 nd Fl.	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	10033 Ninth St. N. 2 nd Fl.	
6.4 CITY-ST-ZIP	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)