

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731778

**FILED  
Mar 27, 2015  
Secretary of State  
CC1791074381**

**Entity Name:** LAKE OVERLOOK UNIT 4 ASSOCIATION, INC.

**Current Principal Place of Business:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 59-1766174

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASSOCIA GULF COAST, INC.  
9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US

*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:** MICHAEL FLEMING

03/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LITTLETON, CATHERINE  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title           SECRETARY  
Name           OEHME, PAULA  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title           PD  
Name           MCLAUGHLIN, MOLLY  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title           VP  
Name           BERK, MICHELE  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title           DIRECTOR  
Name           BALDWIN, ROBERT  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title           DIRECTOR  
Name           BOYLE, DAVIA  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

*I hereby 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 all other like empowered.*

**SIGNATURE:** MOLLYMCLAUGHLIN

**PRESIDENT**

03/27/2015

Electronic Signature of Signing Officer/Director Detail

Date