

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731778

Entity Name: LAKE OVERLOOK UNIT 4 ASSOCIATION, INC.**Current Principal Place of Business:**9887 FOURTH STREET NORTH
ST. PETERSBURG, FL 33702**Current Mailing Address:**ASSOCIA GULF COAST, INC
9887 FOURTH STREET NORTH, #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:** MARLENE SHAW

04/15/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name RODDA, NANCY
Address 9887 FOURTH STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33702

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

Title PD
Name BERK, SHELLE
Address 9887 FOURTH STREET NORTH #301
City-State-Zip: ST. PETERSBURG FL 33702

Title VPD
Name MYERS, KEVIN
Address 9887 FOURTH STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33702

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

Title DIRECTOR
Name BALDWIN, ROBERT
Address 9887 FOURTH STREET NORTH
 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: SHELLE BERK**PRESIDENT**

04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date