


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 235723</b> 1. Entity Name OVERLOOK GROVES, INC.	
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Principal Place of Business 4406 BRIDGES RD. P.O. BOX 3A ONA, FL 33865-6701 US	Mailing Address 4406 BRIDGES RD. P.O. BOX 3A ONA, FL 33865-6701 US
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03152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6067262	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WAGNER, DENISE  
4521 MERCADO DR  
SEBRING, FL 33872

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ABRONS, HERBERT L. 510 MADISON AVE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHANG, JASON 510 MADISON AVE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT ABRONS, RICHARD S. 437 MADISON AVE. NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NATARAJAN, LATHA 510 MADISON AVE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARANOW, RITA A 47 COLBY LANE SCARSDALE, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000091626  
03/18/04-80014-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:**

*Latha Natarajan* LATHA NATARAJAN 3/15/04 (202) 838-0151