

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764828

1. Entity Name

KE OVERLOOK CONDOMINIUMS ASSOCIATION, INC.

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90474 042 ****61.25

0043305

Principal Place of Business CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 33762 US	Mailing Address CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 33760 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2445204	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 32762
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVINE, EARL 4550 OVERLOOK DR. NE #155 ST PETERSBURG FL 33703 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVINE, EARL 4550 OVERLOOK DR. NE #155 SAINT PETERSBURG FL 33703 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLINE, BERTA 4580 OVERLOOK DR NE #181 ST. PETERSBURG FL 33703 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLEMING, JAMES 4520 OVERLOOK DR NE #238 SAINT PETERSBURG FL 33703 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENGLE, LARRY 4580 OVERLOOK DR. NE #187 ST. PETERSBURG FL 33703 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STROMSKE, TOM 4540 OVERLOOK DR. NE #140 SAINT PETERSBURG FL 33703 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-Brenda Smith 4540 OVERLOOK DR. NE. #142 ST PETERSBURG, FL 33703 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY ELLEN GOLA 4580 OVERLOOK DR. N.E. #191 ST PETERSBURG, FL 33703 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOB KILGO 4520 OVERLOOK DR. N.E. #130 ST. PETERSBURG, FL 33703 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACK CARA 4550 OVERLOOK DR. N.E. #153 ST PETERSBURG, FL 33703 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT MCCUISH 4480 OVERLOOK DR. NE #14 ST PETERSBURG FL 33703 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SECRETARY REQUIRED 4/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)