2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90238 007 ****61.25

DOCUMENT # 764828

1. Entity Name

LAKE OVERLOOK CONDOMINIUMS ASSOCIATION, INC.

94061444

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 33762 US	CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 33760 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2445204 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR
SUITE 260
CLEARWATER FL 32762

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MILLER, MERLE 4560 OVERLOOK DR., #270 SAINT PETERSBURG FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROWN, TERRY 4540 OVERLOOK DR. #250 SAINT PETERSBURG FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, BRENDA 4540 OVERLOOK DR. NE, #142 SAINT PETERSBURG FL 33703	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Warren Thomason 4550 Overlook Dr. #154 St. Petersburg, FL.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDA, MARY ELLEN 4580 OVERLOOK DR. NE, #191 SAINT PETERSBURG FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENGLE, LARRY 4580 OVERLOOK DR. NE #187 ST. PETERSBURG FL 33703	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD James True 4670 Overlook Dr. N.E. St. Petersburg, FL.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOITKOWSKI, TOM 4480 OVERLOOK DR. #21 SAINT PETERSBURG FL 33703	☐ Delete	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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #