2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90971 004 ****61.25

DOCUMENT # 764828

1. Entity Name
LAKE OVERLOOK CONDOMINIUMS ASSOCIATION, INC.

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

04052005 Chg-NP CR2E037 (10/03)

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

Filing Fee is $61.25
Due by May 1, 2005

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	PD MILLER, MERLE 4560 OVERLOOK DR., #270 SAINT PETERSBURG, FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	VD THOMASON, WARREN 4550 OVERLOOK DR., #154 SAINT PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	D Wieland, Carol 4540 Overlook Dr. NE St. Petersburg, FL 33703	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TRUE, JAMES 4570 OVERLOOK DR. NE ST. PETERSBURG, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Calmbacher, Kay 4540 Overlook Dr. NE 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	Waitkowski, Robert	☑ 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: Merle E Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #