2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90205 039 ****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

03162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR SUITE 260 CLEARWATER, FL 32762	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, 2007

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	D NORTON, DON 2216 STATE ST ALTON, IL 62002	☐ 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	PD 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 WIEBAND, CAROL 4540 OVERLOOK DR NE SAINT PETERSBURG, FL 33703	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bartholamew, Will 4070 Overlook Dr N.E. Saint Petersburg, FL. 33703	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CALMBACHER, KAY 4540 OVERLOOK DR NE SAINT PETERSBURG, FL 33703	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DeOliveraGwen 4500 Overlook Dr. NE Saint Petersburg, FL. 33703	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATTOWSKI, ROBERT 4480 OVERLOOK DR. #21 SAINT PETERSBURG, FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Woitkowski, Robert 4480 Overlook Dr. NE #21 St. Petersburg, FL 33703	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robt Woitkowski Robt. Woitkowski 4/17/07 (727)573-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #