

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12674

FILED
Mar 16, 2007
Secretary of State

Entity Name: OVERLOOK ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 9514
WINTER HAVEN, FL 338839514 US

New Principal Place of Business:

252 SANTA ROSA DR
WINTER HAVEN, FL 33884 US

Current Mailing Address:

P.O. BOX 9514
WINTER HAVEN, FL 338839514 US

New Mailing Address:

FEI Number: 59-2827246 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LINTON, SARAH
228 SANTA ROSA DR, SE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

SCHLIRF, BONNIE J
252 SANTA ROSA DR
WINTER HAVEN, FL 33884 US

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: BONNIE J. SCHLIRF

03/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TDS () Delete
Name: LINTON, SARAH
Address: 228 SANTA ROSA DR, SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD () Delete
Name: DAUGHERTY, KEN
Address: 254 SANTA ROSA DRIVE, SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: LINTON, DAVID
Address: 228 SANTA ROSA DR, SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD () Delete
Name: MAYES, KEN
Address: 226 SANTA ROSA DR SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BARD, KIMBERLY
Address: 249 SANTA ROSA DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD (X) Change () Addition
Name: SCHLIRF, BONNIE J
Address: 252 SANTA ROSA DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD (X) Change () Addition
Name: GLENN, KATHY
Address: 250 SANTA ROSA DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD (X) Change () Addition
Name: PROIA, RAYMOND
Address: 282 SANTA ROSA DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Change (X) Addition
Name: LIEBOWITZ, ALAN
Address: 203 SANTA ROSA DR
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE J. SCHLIRF

PD

03/16/2007

Electronic Signature of Signing Officer or Director

Date