

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12674

FILED
Mar 23, 2009
Secretary of State

Entity Name: OVERLOOK ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

252 SANTA ROSA DR
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

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:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BARD, KIMBERLEY
Address: 249 SANTA ROSA DR
City-St-Zip: WINTER HAVEN, FL 33884

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

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

Title: VPD () Delete
Name: BUNDA, GEORGE
Address: 211 SANTA ROSA DR
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: WILLIAMS, LYN
Address: 263 SANTA ROSA DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DAUGHERTY, BARBARA
Address: 254 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 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: KATHY GLENN

TD

03/23/2009

Electronic Signature of Signing Officer or Director

Date