

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90010 020 \*\*\*\*61.25

DOCUMENT # 729825

1. Corporation Name

OAK LAKE PARK I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1960 UNION ST  
UNIT 19  
CLEARWATER FL 34623-9251

Mailing Address

1960 UNION ST  
UNIT 19  
CLEARWATER FL 34623-9251

315076-90010-20



2. Principal Place of Business

21 1960 UNION STREET

Suite, Apt. #, etc.

22 UNIT #43

City & State

23 CLEARWATER FL

Zip

24 33763

Country

25 USA

2a. Mailing Address

26 1960 UNION STREET

Suite, Apt. #, etc.

27 UNIT #43

City & State

28 CLEARWATER FL

Zip

29 33763

Country

30 USA

3. Date Incorporated or Qualified

06/03/1974

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HASKINS, PATRICIA  
1960 UNION ST  
APT 19  
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Patricia Haskins*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2-13-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WOOD, JAMI K  
STREET ADDRESS 1960 UNION STREET, #8  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ DELETE

NAME DS  
STREET ADDRESS BATT, SUSAN  
CITY-ST-ZIP 1960 UNION ST. #2  
CLEARWATER FL 34623

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS WEINSTEIN, ROBERT  
CITY-ST-ZIP 1960 UNION ST. #18  
CLEARWATER FL 33763

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DP

JAMES R GILMORE

1960 UNION ST. #22

CLEARWATER FL 33763

DVP

CLAUDE GERNERT

1960 UNION ST. #6

CLEARWATER FL 33763

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jami Wood* SIGNATURE REQUIRED

3/1/99

727-572-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)