2000	UNIFORM BUS	INESS REPO		R)	T 7 TT T 7			
DOCUMENT # 729825 1. Entity Name OAK LAKE PARK I CONDOMINIUM ASSOCIATION, INC.					FILED Apr 24, 2000 8:00 am Secretary of State			
					04-24-2000 90116 (
Principal Place of Business Mailing Address								
1960 UNION ST UNIT 43 CLEARWATER FL 33763		1960 UNION ST UNIT 43 CLEARWATER FL 33763-2256						
				 			(F NAMA) (NAMA)	
2. Principal Place of Business 3. Mailing		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
City & State		City & State		4. FEI Numbe	4. FEI Number NOT APPLICABLE Not Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent	I	7. Name and Address of New Registered Agent				
HASKINS, PATRICIA			Street A	ddress (P.O. Box Numbe	er is Not Acceptable)			
1960 UNIO APT 19	IN ST							
APT 19 CLEARWATER FL 34623			City		FL	Zip Codi	e	
	named entity submits this statement fo	r the purpose of changing its	registered office o	r registered agent, or bot	th, in the state of Horida.			
8. The above signature	named entity submits this statement fo Signature, typed or printed name of registered agent FILE NOW:	and title of applicable (NOT 9. Election Campaign	E: Registered Agent signat	ure required when reinstating) 	DATE Make Check			
8. The above signature	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered Agent signat	ure required when reinstating)	DATE			
8. The above SIGNATURE _	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 OFFICERS AND DIF	and title of applicable (NOT 9. Election Campaig Trust Fund Contrib RECTORS	E: Registered Agent signat	ure required when reinstating) \$5.00 May Be Added to Fees ADDITIONS/CH	DATE Make Check	t of State	10	
8. The above SIGNATURE _	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 OFFICERS AND DIF	and title if applicable (NOT 9. Election Campaig Trust Fund Contrib	E Registered Agent signat	ure required when reinstating) \$5.00 May Be Added to Fees	DATE Make Check Departmen	t of State	10	
 8. The above SIGNATURE	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 OFFICERS AND DIF TD WOOD, JAMI K 1960 UNION STREET, #8	and title of applicable (NOT 9. Election Campaig Trust Fund Contrib RECTORS	E: Registered Agent signat	ure required when reinstating) \$5.00 May Be Added to Fees ADDITIONS/CH	DATE Make Check Departmen	t of State	10	
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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 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 Date

727-572-9: Daytime Phone #

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SIGNAT	URE: