

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729825

1. Entity Name

OAK LAKE PARK I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1960 UNION ST
UNIT 43
CLEARWATER FL 33763

Mailing Address

1960 UNION ST
UNIT 43
CLEARWATER FL 33763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

HASKINS, PATRICIA
1960 UNION ST
APT 19
CLEARWATER FL 34623

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
NAME **WOOD, JAMI K**
STREET ADDRESS **1960 UNION STREET, #8**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **DS** ☒ Delete
NAME **GIBSON, BETTY**
STREET ADDRESS **1960 UNION STREET # 12**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **DP** ☒ Delete
NAME **WOOD, CHARLES F**
STREET ADDRESS **1960 UNION STREET UNIT #8**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **DVP** ☐ Delete
NAME **HASKINS, PATRICIA**
STREET ADDRESS **1960 UNION STREET # 19**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/S/T** ☐ Change ☒ Addition
NAME **GIBSON, KITTY**
STREET ADDRESS **1960 Union Street, #12**
CITY-ST-ZIP **Clearwater, FL. 33763**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/P** ☐ Change ☒ Addition
NAME **HUCKEY, BEA**
STREET ADDRESS **1960 Union Street, #11**
CITY-ST-ZIP **Clearwater, FL. 33763**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Kitty Gibson

3/3/02

727-736-2223

Date

Daytime Phone #

CR2E037 (9/01)

00806029



DO NOT WRITE IN THIS SPACE