


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

03-24-2003 90133 013 ****61.25

DOCUMENT # 744824
1. Entity Name
OAK LAKE PARK II, INC., A CONDOMINIUM



Principal Place of Business
**1960 UNION STREET
BOX 44
CLEARWATER FL 33763**

Mailing Address
**1960 UNION STREET
BOX 44
CLEARWATER FL 33763**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-1884795** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**LUNDEN, ALLI A
1960 UNION ST.
APT 30
CLEARWATER FL 33763**

7. Name and Address of New Registered Agent
Name **KERRI WILSON**
Street Address (P.O. Box Number is Not Acceptable)
1960 UNION ST. APT 31
City **CLEARWATER** FL Zip Code **33763**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Kerri Wilson*, **KERRI WILSON, SECRETARY/TREASURER**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **3/18/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing, Trust Fund Contribution. **\$5.00 May Be Added to Fees.**

Make Check Payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NANDRAM, ROBERT 3147 FIESTA DR DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JABLONSKI, JANICE 1960 UNION ST. APT 29 CLEARWATER FL 33763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUNDEN, ALLI A 1960 UNION ST APT 30 CLEARWATER FL 33763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NANCY BUILETT 1960 UNION STREET APT 35 CLEARWATER, FLORIDA 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KERRI WILSON 1960 UNION STREET APT 31 CLEARWATER, FLORIDA 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JANICE JABLONSKI 1960 UNION ST APT 29 CLEARWATER FL 33763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Kerri Wilson* **KERRI WILSON**
Signature and typed or printed name of signing officer or director

Date **3/18/03** Daytime Phone # **727-733-3037**

CR2E037 (10/02)