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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90100 030 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N00809

1. Corporation Name

EAGLE LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ADVANTAGE PROPERTY MANAGEMENT, INC.
P. O. BOX 65
JENSEN BEACH FL 34958

C/O ADVANTAGE PROPERTY MANAGEMENT, INC.
P. O. BOX 65
JENSEN BEACH FL 34958



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/09/1984

22 City & State

27 City & State

4. FEI Number
59-2382312

Applied For
Not Applicable

23 Zip

Country

28 Zip

Country

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

24

25

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6. Election Campaign Financing \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADVANTAGE PROPERTY MGMT
1274 NE BUSINESS PARK PL
JENSEN BCH 34957

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME SMITH, ANNETTE
STREET ADDRESS 2983 SW WESTLAKE CIR
CITY-ST-ZIP PALM CITY FL

1.1 TITLE VD Change Addition
1.2 NAME KING, BOB
1.3 STREET ADDRESS 2828 SW WESTLAKE CIR
1.4 CITY-ST-ZIP PALM CITY FL 34990

TITLE SD DELETE
NAME MURPHY, PAT
STREET ADDRESS 2882 SW WESTLAKE CIR
CITY-ST-ZIP PALM CITY FL

2.1 TITLE TD Change Addition
2.2 NAME PAUL, WESLEY
2.3 STREET ADDRESS 3917 SW WESTLAKE TERRACE
2.4 CITY-ST-ZIP PALM CITY, FL 34990

TITLE VD DELETE
NAME KETCHAM, HOWARD
STREET ADDRESS 2864 SW WESTLAKE CIR
CITY-ST-ZIP PALM CITY FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD DELETE
NAME HUNTER, GORDON
STREET ADDRESS 2643 SW WESTLAKE CIR
CITY-ST-ZIP PALM CITY FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD DELETE
NAME NITSCH, WARREN
STREET ADDRESS 2648 SW WESTLAKE CIR
CITY-ST-ZIP PALM CITY FL

5.1 TITLE D Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME BROWN, GEORGE
STREET ADDRESS 2685 SW WESTLAKE CIR
CITY-ST-ZIP PALM CITY FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

GORDON B. HUNTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-99

521-286-4788
Daytime Phone #

0074727

CR2E037- (1/198)