## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 18, 2002 8:00 am Secretary of State DOCUMENT # N9900001117 1. Entity Name 04-18-2002 90486 016 \*\*\*\*61.25 EAGLE LAKE TWO HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1688 W. HIBISCUS BOULEVARD 1688 W. HIBISCUS BOULEVARD MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3562110 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired \_\_\_\_\_ Fee Required --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) EVANS, HUGH M JR. 1688 W. HIBISCUS BOULEVARD **MELBOURNE FL 32901** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. **\$5.00** May Be Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 **Department of State** Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. (9/01 Addition Change Delete TITLE TITLE Evans, P. Michael EVANS, HUGH M JR. NAME NAME 1688 W. Hibiscus Blvd. 1688 W. HIBISCUS BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-7IP 32901 MELBOURNE FL 32901 Melbourne, FL CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE Evans, arthur f III NAME Jelus, Timothy C. NAME 1688 W. HIBISCUS BOULEVARD STREET ADDRESS STREET ADDRESS 1688 W. Hibiscus Blvd. CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-7IP Melbourne, FL 32901 ☐ Change ☐ Addition TITLE ☐ Delete TITLE wood, Gregory T NAME NAME STREET ADDRESS 1688 W. HIBISCUS BOULEVARD STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 do execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with indicated on this report or supplemental re of the corporation or the receiver or tr changed, or on an attachment with Il other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP