FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600001431 (3)

EASTLAKE OAKS HOMEOWNERS ASSOCIATION, INC.

FILED Jun 18 1997 8:00am Secretary of State



						211 20 J.	121 FIDI (131 122)
Principal Place of Business	Mailing Address						
311 PARK PLACE CLEARWATER FL 34619	311 PARK PLACE CLEARWATER FL 34619-3923						
					3. Date Incorporated or Qualified 03/14/1996	3a. Date of Last	Report
2. Principal Place of Business	2a. Mailing Addre	SS			4. FEI Nymber > D ~ 6	(Applied For
21	26				59-557527	2	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, 4	etc.			5. Certificate of Status Desired	,	Additional
City & State	City & State				• • • • • • • • • • • • • • • • • • • •		Required
23	28				Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip Country	Zip	Cou	untry		8. This corporation has liability for Ir		
24] 25]	29	30	•		·	Yes No	5. 155.052,
9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	istered Agent	
· · · · · · · · · · · · · · · · · · ·			81 Nam	ne			•
ZSCHAU, JULIUS J			82 Stree	et Addres	ss (P.O. Box Number is Not Acceptable	e)	
911 CHESTNUT STREET						<u> </u>	
 CLEARWATER FL 34616 			83				
			84 City			FL 85 Zi	p Code
41. Pursuant to the provisions of Sections 617 0502	and 617.1508, Florid	a Statutes, the a	bove-name	ed corpo	ration submit this statement for the pu		its registered
41. Pursuant to the provisions of Sections 617 0502 office or registered agent, or both, in the State of agent, I am agmiliar with and accept the obligations.	of Florida. Such chang tions of Section 617.0	e was authorize 508. Florida/Sta	d by the c tates.	orporatio	n's board of dilectors. I hereby accep	t the appointment	as registered
SIGNATURE	Ynor 1	7.59	1000	e C	orporedim	5)121/9	
Signature typed or printed name of registered agen		(NOTE: Registere	Agent signa	ure required		DATE	
12. OFFICERS AND	DIRECTORS)	13.		<u> </u>	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
NAME SELLINGER, JOHN						Chang	8 Moniton
STREET ADDRESS 811 PARK PLACE BLVD. SUIT	E 800	1.2 N	ame Treet addres				
CITY-ST-ZIP CLEARWATER FL 34619	£ 000		INEET AUUNES ITY-ST-ZIP	3			
TITLE VD	☐ DEL					Chang	e Addition
NAME SIKORSKI, FRED		2.2 N	AME	ŀ		-	
STREET ADDRESS 311 PARK PLACE BLVD. SUIT	E 600	2.3 S	TREET ADDRES	s l	•		
CITY-ST-ZIP CLEARWATER FL 34619	_	2.40	CITY-ST-ZIP	_1.			
TITLE STD	JA LDEL	.ETÉ 3.1 TI	ITLE	51	B	Chang	e Addition
NAME BUSH, WILLIAM A	,	3.2 N		FC	ANCINE MILLER	Sucre 1	(17)
STREET ADDRESS 311 PARK PLACE BLVD. SUIT	E 600		TREE1 ADDRES	s 316	ANCINE MILLER PARK PLACE BLWG, EMPOWATED, FL 3	Sulle	.00
CITY-ST-ZIP CLEARWATER FL 34619	☐ DEL		DITY-ST-71P	CL	EHRWATER FL 3	4617	e Addition
TITLE	LJ DEL				,	☐ Chang	E MODIDON
NAME STREET ADDRESS		4.21	vame Treet addres				
CITY-ST-ZIP			ireet audres Hy-st-zip				
TITLE	☐ DEL					☐ Chang	e Addition
NAME	- -	5.2 N					
STREET ADDRESS		1	TREET ADDRES	s			}
CITY-ST-ZIP		5.4 C	ITY-ST-ZIP				
TITLE	☐ DEL	ETE 6.1 TI	ITLE			☐ Chang	e Addition
NAME		6.2 N	AME	1			
STREET ADDRESS		635	TREET ADDRES	S			
CRY-ST-ZIP	NI II - EU		ITY-ST-ZIP		o Contine 110 07/21/61 Florido Statutos	I formally any analysis of the	4 4 1

I. I do hereby certify that the information supplied with this filling 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 seport or supplemental (innual 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 directoring the coriporation or the receiver or trusted 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.