

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001117

Entity Name: EAGLE LAKE TWO HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**491 BENTON DRIVE
MELBOURNE, FL 32901**Current Mailing Address:**P.O. BOX 061050
PALM BAY, FL 32906**FEI Number: 59-3562110****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KANE, MICHAEL
491 BENTON DRIVE
MELBOURNE, FL 32901 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	KANE, MICHAEL
Address	491 BENTON DRIVE
City-State-Zip:	MELBOURNE FL 32901

Title	TREASURER
Name	KANE, MICHAEL
Address	491 BENTON DRIVE
City-State-Zip:	MELBOURNE FL 32901

Title	SECRETARY
Name	KANE, MICHAEL
Address	491 BENTON DRIVE
City-State-Zip:	MELBOURNE FL 32901

Title	VP
Name	HILL, HERSCHAL K
Address	540 CRESTON CT
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	PEARSON, PATRICIA
Address	511 BENTON DRIVE
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	VYHONSKY, CAROL
Address	4361 SWANNA DRIVE
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	ALLADIN, JOHN
Address	500 CRESTON COURT
City-State-Zip:	MELBOURNE FL 32901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J KANE**PRESIDENT****01/22/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date