

2020 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 CORNELIUS, KATHY
Address 4240 SWANNA DRIVE
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name O'BRIEN, DIANE
Address 4241 SWANNA DRIVE
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

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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 KANE**PRESIDENT****02/05/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WRIGHT, SAMUEL MATTHEW
Address	4096 MOUNT CARMEL LANE
City-State-Zip:	MELBOURNE FL 32901