SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734141 (5)

1. Corporation Name
EAGLE LAKE SPORTS ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
POST OFFICE BOX 1126 EAGLE LAKE FL 33839	POST OFFICE BOX 1126 EAGLE LAKE FL 33839

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1975
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-3247900 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~STARLING, JOHNNY JR.~~
565 WOODARD ST.
EAGLE LAKE FL 33839

10. Name and Address of New Registered Agent

81 Name: KEITH CLEMMONS
82 Street Address (P.O. Box Number is Not Acceptable): 2349 GERBER DAIRY ROAD
83
84 City: WINTER HAVEN FL 85 Zip Code: 33880

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: Keith L Clemmons — 8-4-97
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	PD	☒ DELETE	1.1 TITLE	PRESIDENT (D)	☒ Change ☐ Addition
NAME	STARLING, JOHNNY JR		1.2 NAME	KEITH CLEMMONS	
STREET ADDRESS	565 WOODARD ST.		1.3 STREET ADDRESS	2349 GERBER DAIRY ROAD	
CITY-ST-ZIP	EAGLE LAKE FL 33839		1.4 CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VD	☒ DELETE	2.1 TITLE	VICE PRESIDENT (D)	☒ Change ☐ Addition
NAME	BRUCE, GENE		2.2 NAME	RICK JACKSON	
STREET ADDRESS	2505 SHEFFIELD RD.		2.3 STREET ADDRESS	251 MCLEOD AVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880		2.4 CITY-ST-ZIP	EAGLE LAKE FL 33839	
TITLE	S	☒ DELETE	3.1 TITLE	SECRETARY (D)	☒ Change ☐ Addition
NAME	SHEPPARD, ROBIN		3.2 NAME	RONDA SORNSTEIN	
STREET ADDRESS	6800 CRYSTAL BEACH RD.		3.3 STREET ADDRESS	688 MCLEOD AVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880		3.4 CITY-ST-ZIP	Eagle Lake FL 33839	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, LINDA		4. 2 NAME		
STREET ADDRESS	130 WATERBRIDGE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED — 8-4-97 — 941-293-0864