

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734141** (5)
1. Corporation Name
EAGLE LAKE SPORTS ASSOCIATION, INCORPORATED



Principal Place of Business POST OFFICE BOX 1126 EAGLE LAKE FL 33839	Mailing Address POST OFFICE BOX 1126 EAGLE LAKE FL 33839
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3. Date Incorporated or Qualified 10/23/1975	4. FEI Number 59-3247900	Applied For ☐ Yes ☒ Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
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
**CLEMMONS, KEITH
2349 GERBER DAIRY RD
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent 81 Name RICK JACKSON 82 Street Address (P.O. Box Number is Not Acceptable) 251 MCLEOD AVENUE 83 84 City EAGLE LAKE FL 85 Zip Code 33839

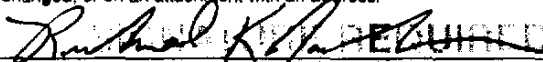
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD CLEMMONS, KEITH ☒ DELETE
NAME	2349 GERBER DAIRY RD
STREET ADDRESS	WINTER HAVEN FL
CITY-ST-ZIP	
TITLE	VPD JACKSON, RICK ☒ DELETE
NAME	251 MCLEOD AVE
STREET ADDRESS	EAGLE LAKE FL
CITY-ST-ZIP	
TITLE	SD SORNSTEIN, RONDA ☐ DELETE
NAME	688 MCLEOD AVE
STREET ADDRESS	EAGLE LAKE FL
CITY-ST-ZIP	
TITLE	TD JOHNSON, LINDA ☐ DELETE
NAME	130 WATERBRIDGE DR.
STREET ADDRESS	WINTER HAVEN FL 33880
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT - Director ☒ Change ☐ Addition
1.2 NAME	RICK JACKSON
1.3 STREET ADDRESS	251 MCLEOD AVENUE
1.4 CITY-ST-ZIP	EAGLE LAKE FL 33839
2.1 TITLE	VICE PRESIDENT - Director ☒ Change ☐ Addition
2.2 NAME	TODD WARREN
2.3 STREET ADDRESS	617 OAK AVENUE
2.4 CITY-ST-ZIP	EAGLE LAKE FL 33839
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:  **REQUIRED**

1/21/98

CR2E037 (10/97)