

FILE NOW: FILING FEE IS \$61.25

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90051 046 ****70.00

0057748

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734141

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/23/1975

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

9. Name and Address of Current Registered Agent

JACKSON, RICK
251 MCLEOD AVE
EAGLE LAKE FL 33839

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JACKSON, RICK
STREET ADDRESS 251 MCLEOD AVE
CITY-ST-ZIP EAGLE LAKE FL 33839

TITLE VPD
NAME WARREN, TODD
STREET ADDRESS 617 OAK AVE
CITY-ST-ZIP EAGLE LAKE FL 33839

TITLE SD
NAME SORNSTEIN, RONDA
STREET ADDRESS 688 MCLEOD AVE
CITY-ST-ZIP EAGLE LAKE FL

TITLE TD
NAME JOHNSON, LINDA
STREET ADDRESS 130 WATERBRIDGE DR.
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD
3.2 NAME Michelle Lane
3.3 STREET ADDRESS 3423 Cove CT E
3.4 CITY-ST-ZIP Winter Haven, FL 33880

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE: Michelle Lane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michelle Lane 4-14-99 (941) 665 6317
Date Daytime Phone #

CR2E037 (1/98)