

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90423 013 ****61.25

DOCUMENT # 734141	
1. Entity 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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94064038



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3247900	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEEDER, TERRI L 101 WYNDHAM DR WINTER HAVEN, FL 33884		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

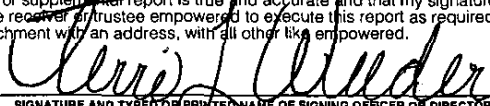
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KELLEY, CARL 2411 AVENUE A NW WINTER HAVEN, FL 33880 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD David Collins 274 Kings Pond Avenue Winter Haven, FL 33880 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SULLIVAN, JUNIOT 545 OAK AVENUE EAGLE LAKE, FL 33839 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Robin Sheppard 6800 Crystal Beach Road Winter Haven, FL 33880 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WEEDER, TERRI 101 WYNDHAM DR WINTER HAVEN, FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COLLINS, DAVID 1041 SPIRIT LAKE RD WINTER HAVEN, FL 3388 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Tim Richardson 1490 1/2 Lake Shipp Drive Winter Haven, FL 33880 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:		4-21-04	(863) 635-4804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #