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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N00809** **(6)**

1. Corporation Name

EAGLE LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ADVANTAGE PROPERTY MANAGEMENT, INC. P. O. BOX 65 JENSEN BEACH FL 34958	C/O ADVANTAGE PROPERTY MANAGEMENT, INC. P. O. BOX 65 JENSEN BEACH FL 34958-0065

3. Date Incorporated or Qualified: 01/09/1984
3a. Date of Last Report: 03/15/1996

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

4. FEI Number: 59-2382312 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ADVANTAGE PROPERTY MGMT
1274 NE BUSINESS PARK PL
JENSEN BCH 34957

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, ANNETTE		1.2 NAME	
STREET ADDRESS	2983 SW WESTLAKE CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, PAT		2.2 NAME	
STREET ADDRESS	2882 SW WESTLAKE CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KETCHAM, HOWARD		3.2 NAME	
STREET ADDRESS	2864 SW WESTLAKE CIR		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HUNTER, GORDON		4.2 NAME	
STREET ADDRESS	2843 SW WESTLAKE CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NITSCHE, WARREN		5.2 NAME	
STREET ADDRESS	2848 SW WESTLAKE CIR		5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LOWENTHAL, DR. LESLIE		6.2 NAME	
STREET ADDRESS	2792 SW WESTLAKE CIR		6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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] SIGNATURE REQUIRED 3-10-97 561-286-4788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0071296