2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State
03-31-2005 90050 032 ****61.25

DOCUMENT # N00809

1. Entity Name
EAGLE LAKE HOMEOWNERS ASSOCIATION, INC.

Q00939770

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

02112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1111 SE Federal Hwy	1111 SE Federal Hwy
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Stuart, FL	City & State: Stuart, FL
Zip: 34994 Country:	Zip: 34994 Country:

4. FEI Number 59-2382312 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADVANTAGE PROPERTY MGMT 1274 NE BUSINESS PARK PL JENSEN BEACH, FL 34957	Name Street Address (P.O. Box Number is Not Acceptable): 1111 SE Federal Hwy Suite 100 City: Stuart **FL** Zip Code: 34994

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: Lorraine H. Jute 2/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEPALMA, EDWARD 3031 SW WESTLAKE CIR. PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GOETCHIUS, ARTHUR 2613 SW WESTLAKE CRICLE PALM CITY, FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SD Litsey Constance 2779 SW Westlake Circle Palm City, FL 34990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SHANN, LES 2636 SW WESTLAKE CIR. PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOHE, DICK 3032 SW WESTLAKE CIR. PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOONEY, KEVIN 2816 SW WESTLAKE CIR. PALM CITY, FL 34990	☐ 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 D Wolfe Len 2906 SW Westlake Circle Palm City FL 34990

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: 3-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #