

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90469 047 *****61.25

DOCUMENT # N00809

1. Entity Name

EAGLE LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**C/O ADVANTAGE PROPERTY MANAGEMENT, INC.
P. O. BOX 65
JENSEN BEACH FL 34958**

Mailing Address

**C/O ADVANTAGE PROPERTY MANAGEMENT, INC.
P. O. BOX 65
JENSEN BEACH FL 34958**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2382312**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ADVANTAGE PROPERTY MGMT
1274 NE BUSINESS PARK PL
JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, DON 2828 SW WESTLAKE CIR PALM CITY FL 34990	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAUL, WESLEY 3917 SW WESTLAKE TERRACE PALM CITY FL 34990	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNTER, GORDON 2643 SW WESTLAKE CIR PALM CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NITSCHKE, WARREN 2648 SW WESTLAKE CIR PALM CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCHUGH, EDWARD 2744 SW WESTLAKE CIRCLE PALM CITY FL 34990	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Goetchius, Arthur 2619 SW Westlake Circle PALM CITY, FL 34990	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

Signature of Edward Mchugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03

772-286-4788

CR2E037 (10/02)