

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004803

FILED  
May 13, 2010  
Secretary of State

**Entity Name:** EAGLE LAKE FOUNDATION, INC.

**Current Principal Place of Business:**

1022 MAIN STREET  
SUITE H  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

**Current Mailing Address:**

1022 MAIN STREET  
SUITE H  
DUNEDIN, FL 34698 US

**New Mailing Address:**

**FEI Number:** 20-2813348      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SEDA, JOSE  
1022 MAIN STREET  
SUITE H  
DUNEDIN, FL 34695 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P D  
**Name:** ATKINS, BEN  
**Address:** 1022 MAIN STREET SUITE H  
**City-St-Zip:** DUNEDIN, FL 34695 US

**Title:** T  
**Name:** MORRISON, MARYA  
**Address:** 1022 MAIN STREET SUITE H  
**City-St-Zip:** DUNEDIN, FL 34695 US

**Title:** S  
**Name:** RENSCH, EUGENE  
**Address:** 1022 MAIN STREET SUITE H  
**City-St-Zip:** DUNEDIN, FL 34698 US

**Title:** VP  
**Name:** EARLY, RICK  
**Address:** 1022 MAIN STREET SUITE H  
**City-St-Zip:** DUNEDIN, FL 34698 US

**Title:** VP  
**Name:** STEELE, LARRY  
**Address:** 1022 MAIN STREET SUITE H  
**City-St-Zip:** DUNEDIN, FL 34698 US

**Title:** VP  
**Name:** KLAUSNER, ALAN  
**Address:** 1022 MAIN STREET SUITE H  
**City-St-Zip:** DUNEDIN, FL 34698 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARYA MORRISON

T

05/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date