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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 # **N16220** **(8)**

1. Corporation Name

EAST CROOKED LAKE CLUB, INCORPORATED

Principal Place of Business	Mailing Address
14229 U.S. HWY. 441 TAVARES FL 32778	14229 U.S. HWY. 441 TAVARES FL 32778-4312

3. Date Incorporated or Qualified: 06/06/1986
3a. Date of Last Report: 05/14/1996

2. Principal Place of Business	2a. Mailing Address
21	26 2410 E Crooked LK CLUB BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Eustis - FLA
City & State 23	City & State 28 32726
Zip 24 / Country 25	Zip 29 / Country 30 LAKE

4. FEI Number: NOT APPLICABLE ☐ 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

CROAK, MICHAEL A.
14229 U.S. HWY. 441
TAVARES FL 32778

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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KIM COOKE		1.2 NAME	
STREET ADDRESS	2491 E CROOKED LAKE CLUB BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM DAVIES		2.2 NAME	
STREET ADDRESS	2440 E CROOKED LAKE CLUB BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CALDWELL, IRIS		3.2 NAME	
STREET ADDRESS	2451 E. CROOKED LAKE CLUB BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DOERFLER, ROBERT		4.2 NAME	
STREET ADDRESS	2410 E. CROOKED LAKE CLUB BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DANIEL MCDYER		5.2 NAME	
STREET ADDRESS	6 NORTH EUSTIS AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM DAVIES		6.2 NAME	
STREET ADDRESS	2440 E CROOKED LAKE CLUB BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS 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: ROBT L DOERFLER - TREASURER Robert L Doerfler SIGNATURE REQUIRED April 11TH 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0014662