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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16220**

1. Corporation Name
EAST CROOKED LAKE CLUB, INCORPORATED

Principal Place of Business	Mailing Address
2410 E CROOKED LAKE CLUB BLVD EUSTIS FL 32726 US	14229 U.S. HWY. 441 TAVARES FL 32778

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/06/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CROAK, MICHAEL A. 14229 U.S. HWY. 441 TAVARES FL 32778	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	BLANKENSHIP, BARBARA		1.2 NAME	
STREET ADDRESS	2400 E CROOKED LAKE BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KRUEGER, DAN		2.2 NAME	
STREET ADDRESS	2481 E CROOK LAKE BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRAVENMIER, DEBRA		3.2 NAME	
STREET ADDRESS	2431 E CROOKED LAKE 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	MCQUEEN, BOB		5.2 NAME	
STREET ADDRESS	2460 E CROOKED LAKE BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HAKANSON, LEE		6.2 NAME	
STREET ADDRESS	2470 E CROOKED LAKE BLVD		6.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Barbara Blankenship **SIGNATURE REQUIRED** Barbara Blankenship 4-12-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #