FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N1
1. Corporation Name

(7)

EAGLE LAKES ESTATES CONDOMINIUM ASSOCIATION, INC

Delegate of Otop	of Dunings	6.4-195 A -d-tu			
Principal Place of Business Mailing Address					
265 TAMIAMI TRAIL		265 TAMIAMI TRAIL			
PUNTA GORDA FL 33956		PUNTA GORDA FL 33950-444	44		
1				3. Date Incorporated or Qualified	3a. Date of Last Report
L				01/28/1987	03/13/1996
1.	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2789818	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Chale		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country		Zip Country		Trust Fund Contribution	☐ Added to Fees
24	25		¬ ·	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,] Yes = [] No
24	9. Name and Address of Curren		<u>Ul</u>	10. Name and Address of New Reg	
81 Name e2					
				SSEL, VOHN W.	
AL-ARNASI, ABRAHAM 24258 HARBORVIEW ROAD			82 Street Ad	dress (P.O. Box Number is Not Acceptable 13 TAMIAMI	RACL
CHARLOTTE HARBOR FL 33980			83	32 JAMIANO	17772-
UNANEC	THE HARDON PL 33900				
			84 CityPor	T CHARLOTTE	FL 85 Zip Code
11. Pursuant to the provisions of Sergions 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 horiz, in the State of Todda. Such plenge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, age accept the obligations of Society of Society 10.0503, Florida Statutes.					
agent. Lam familiar with, ager accept the obligations of, Socioc 617.0503, Florida Statutes.					
SIGNATURE X VTM W. OUSE 1					
Storyfure, typed or printed runne of registered agent and title if applicable (NOTE: Registered Agent signature require					DATE
12.	OF LICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PTD	DELETE		A parent laure	Change Addition
NAME	ARNASI, ABRAHAM AL		1.2 NAME	REBBEOR, LAMES 4016 OAKVIEW DR.	, ,-
STREET ADDRESS	24258 HARBORVIEW ROAD		1.8 STREET ADDRESS	HARLOTTE HARBOR	7-3
CITY-ST-ZIP	PUNTA GORDA FL	DELETE.	1.4 CITY-ST-ZIP	CHAKLOTTE HARDOK	H- 33780
TITLE	VSD	☐ DELETE	2.1 TIBLE	DOUGLAS HAMILTON DOUGLAS HAMILTON DID OAKVIEW DR.	Change
NAME	ERDMANN, RICHARD		2.2 NAME	IOUGANG MANYALIEN	1-10
STREET ADDRESS	24258 HARBORVIEW ROAD		2.3 STREET ADDRESS 7	BIB DAKVIEW DK,	1 22000
CITY-ST-ZIP	PUNTA GORDA FL	Divers	2.4 CITY-ST-7IP	HARLOTTE HARBOR	F1- 33780
TITLE	D ODECNE JOAN E	L_ DELETE	3.1 TITLE	BARRY INHAL	∠ Unange
NAME	GREENE, JOAN F		3.2 NAME	PRIEIL SOUND PR. 1048 OPKULEN PR. CHOCLOTTIE HARPOR	5.16
STREET ADDRESS	3450 HARBOR BLVD.		3.8 STREET ADDRESS	1048 Ophnieu PR.	20000
CITY-ST-ZIP	PT. CHARLOTE FL	DELLIC	3.4. CHY-ST-ZIP	HARLOID HARRON	77 23/00
TITLE		☐ DFLETE		<i>'</i>	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DUETE	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.8 STREET ADDRESS		
CITY-ST-ZIP		Doctor	5.4 CITY-ST-ZIP		
TITLE		☐ DELFTE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY, ST. 7IP		

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