FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



1998

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N18979

EAGLE LAKES ESTATES CONDOMINIUM ASSOCIATION, INC.

FILED

May 20 1998 8:00am

Secretary of State

C/O PCM P. O. BOX 380741 MURDOCK, FL 33938 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Mailing Address 2c. Mailing Address 2c. Mailing Address 2c. Mailing Address 2c. Certificate of Status Desired 2c. Certif	ble
MURDOCK, FL 33938 MURDOCK, FL 33938 A. FEI Number 59–2789818 2a. Mailing Address 2b. Certificate of Status Desired 3c. Certificate of Statu	ble
2. Principal Place of Business 2a. Mailing Address 2b. Certificate of Status Desired Repulsed Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	
26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country Zip Country Sign Replaced Agent Sig	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country 28 Country Possel, John W. 4055 Tamiami Trail Port CHarloffe, FL 33952 Suite, Apt. #, etc. Suite Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
City & State City & Code City & State City & City & State	
City & State 28 Country Zip Country 29 30 Country 30 FL Country A country Solution a homeowners association? Solution A country Solution a homeowners association? Solution Solution Solution Country Solution A country Solution Solution Solution A country Solution Solution Solution A country Solution Solutio	
Zip Country Zip Country 29 30 8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30.	
24 25 29 30 Personal Property Tax due June 30. Ves No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Name and Address of New Registered Agent 13. Name 14. Name 15. Street Address (P.O. Box Number is Not Acceptable) 16. Name 17. Name and Address of New Registered Agent 18. Name 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable)	
POSSEL, JOHN W. 4055 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 10. Name and Address of New Registered Agent 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	
POSSEL, JOHN W. 4055 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Zip Code	
POSSEL, JOHN W. 4055 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip Code	
4055 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 B4 City FL 85 Zip Code	
4055 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 B4 City FL 85 Zip Code	
PORT CHARLOTTE, FL 33952 B4 City FL 85 Zip Code	
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 the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent to the purpose of changing its registered agent.	
agent I am Januar agent, or your, in the date or foreign awar authorized by the corporation's board of discloss. Thereby accept the appointment as registered agent I am Januar agent I am Janua	d
agent i am angula mga angganoopi yiyyinniganun yo , yironon o ri bulyy, i ininda otatutos.	
SIGNATURE	
Steps for spect or protect name of registered agent as it is entrappicable (NOTE Registered Agent signature required when reinstating) DATE	f
12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD DELETE 1.1 TITLE Change Additi	on 3
NAME REBBEOR, JAMES 1.2 NAME	1 5
STREET ADDRESS 4016 OAKVIEW DR. J-5	١
CITY-ST-ZIP CHARLOTTE HARBOR FT. 1.4 CITY-ST-ZIP	}
TITLE SD DELETE 2.1 TITLE Change Addition	on C
NAME O'NEIL, JOHN 22 NAME	
STREET ADDRESS 4048 OAKVIEW DR. F-4	
CITY-ST-ZIP CHARLOTTE HARBOR, FI. 2 4 CITY-ST-ZIP	
TITLE VD DELETE 3.1 TITLE Change Addition	an
NAME HAMILTON, DOUGLAS 32 NAME	
STREET ADDRESS 4016 OAKVIEW DR. J-10	
CHARLOTTE HARBOR FL 3.4 CHY-ST-ZIP	
	on
NAME 4.2 NAME 5.00002534026 4.3 STREET ADDRESS -05/22/9801104030	
STREET ADDRESS -05722/9801104030	
CITY-ST-ZIP	_
TITLE DELETE 51 TITLE Change Addition	חנ
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	n
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Change Addition	on
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	- 1
CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119 O7/2V/V. Elevide Statutes 1.5 other certify that the information stated in Section 119 O7/2V/V. Elevide Statutes 1.5 other certify that the information stated in Section 119 O7/2V/V.	

reflect countries in the minimum supplied with this minig does not quality 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 recover 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.