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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18979
1. Corporation Name
EAGLE LAKES ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: C/O PCM, P. O. BOX 380741, MURDOCK, FL 33938
Mailing Address: C/O PCM, P. O. BOX 380741, MURDOCK, FL 33938

3. Date Incorporated or Qualified: 1/28/87
4. FEI Number: 59-2789818
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-23) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent: POSSEL, JOHN W., 4055 TAMiami TRAIL, PORT CHARLOTTE, FL 33952

10. Name and Address of New Registered Agent (81-85) fields.

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 617.0502, Florida Statutes.
SIGNATURE: *John W. Possel* DATE: 4/20/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REBBEOR, JAMES	
STREET ADDRESS	4016 OAKVIEW DR. J-5	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	O'NEIL, JOHN	
STREET ADDRESS	4048 OAKVIEW DR. F-4	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAMILTON, DOUGLAS	
STREET ADDRESS	4016 OAKVIEW DR. J-10	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	600002534026
4.4 CITY-ST-ZIP	-05/22/98--01104--030 ***70.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *James H. Rebbeor - President* DATE: 4/21/98 DAYTIME PHONE #: 704-8534

CR2E037 (10/97)