

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18979

1. Entity Name

EAGLE LAKES ESTATES CONDOMINIUM ASSOCIATION, INC

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90161 016 ****70.00

Principal Place of Business	Mailing Address
C/O PCM P.O. BOX 380741 MURDOCK FL 33938 US	C/O PCM P.O. BOX 380741 MURDOCK FL 33938-0741 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2789818	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

POSSEL, JOHN W
4055 TAMiami TRAIL
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. 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, JOHNS	
STREET ADDRESS	4048 OAKVIEW DR. F-4	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AMEY, DENNIS	
STREET ADDRESS	7032 OAKVIEW DR. H-4	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MARCELLA JONES	
CITY-ST-ZIP	7541 AN ST. HYMAROCK, MA 02047	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MARCELLA JONES	
CITY-ST-ZIP	7541 AN ST. HYMAROCK, MA 02047	
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HELEN BOYERMAN	
CITY-ST-ZIP	4064 OAKVIEW DR. D6 CHARLOTT HARBOR, FL 33980	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (9/99)