

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N18979**

1. Entity Name

**EAGLE LAKES ESTATES CONDOMINIUM ASSOCIATION, INC**

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

4. FEI Number

**59-2789818**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**POSSEL, JOHN W**  
**4055 TAMiami TRAIL**  
**PORT CHARLOTTE FL 33952**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 reinstalling) DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBBEOR, JAMES	NAME	MARCELLA JONES
STREET ADDRESS	4016 OAKVIEW DR. J-5	STREET ADDRESS	7 JULIAN ST.
CITY-ST-ZIP	CHARLOTTE HARBOR FL	CITY-ST-ZIP	HUNAROCK, MA 02047
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, JOHNS	NAME	<del>MARCELLA JONES</del>
STREET ADDRESS	4048 OAKVIEW DR. F-4	STREET ADDRESS	<del>7 JULIAN ST.</del>
CITY-ST-ZIP	CHARLOTTE HARBOR FL	CITY-ST-ZIP	<del>HUNAROCK, MA 02047</del>
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMEY, DENNIS	NAME	HELEN BOMERMAN
STREET ADDRESS	7032 OAKVIEW DR. H-4	STREET ADDRESS	4064 OAKVIEW DR D6
CITY-ST-ZIP	CHARLOTTE HARBOR FL	CITY-ST-ZIP	CHARLOTT HARBOR, FL 33980
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)