

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/29/2006-90002-017-\$61.25-\$61.25

**DOCUMENT # N18979**

1. Entity Name  
**EAGLE LAKES ESTATES CONDOMINIUM ASSOCIATION, INC.**



**FILED**

06 SEP 25 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4065 OAKVIEW DRIVE  
PORT CHARLOTTE, FL 33980 US

Mailing Address  
P.O. BOX 380758  
MURDOCK, FL 33938 US



2. Principal Place of Business

3. Mailing Address  
**6025 TAYLOR RD**

Suite, Apt. #, etc.  
**# 22**

City & State  
**PORT CHARLOTTE**

Zip  
**33950**

Country  
**CHAR**

08222006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2789818**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WASHARD, KRISTINE**  
**23081 HARBORVIEW ROAD**  
**2ND FLOOR**  
**PORT CHARLOTTE, FL 33952**

7. Name and Address of New Registered Agent

Name  
**STAR HOSPITALITY MANAGEMENT, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**6025 TAYLOR ROAD, SUITE 2**

City  
**PUNTA GORDA**

FL Zip Code  
**33950**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **9/12/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renaming) DATE

Filing Fee is \$61.25 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANNON, THOMAS P.O. BOX 380758 MURDOCK, FL 33938 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JONES, MARCELLA P.O. BOX 380758 MURDOCK, FL 33938 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BETTY SMITH - PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4065 OAKVIEW DR PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM STEWART VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4044 OAKVIEW DR PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JULIA S BARBENT S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4016 OAKVIEW DR PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRISTINE SMITH T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4052 OAKVIEW DR PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLES GRUBBS D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4040 OAKVIEW DR PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 any attachment with an address with all other like empowered.

SIGNATURE *[Signature]* DATE **8/24/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #