


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/ FILED
Mar 12, 2007 8:00 am
Secretary of State

02-22-2007 90005 045 ****61.25

DOCUMENT # N18979					
1. Entity Name EAGLE LAKES ESTATES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4065 OAKVIEW DRIVE PORT CHARLOTTE, FL 33980 US			Mailing Address 6025 TAYLOR RD. #2 PORT CHARLOTTE, FL 33952 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2789818	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WISHARD, KRISTINE 23081 HARBORVIEW ROAD 2ND FLOOR PORT CHARLOTTE, FL 33952			Name Star Hospitality Management		
			Street Address (P.O. Box Number, Not Applicable) 4025 Taylor Rd		
			# 2		
			City Punta Gorda		FL
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 <u>Sherry Darlow</u>			DATE <u>3-7-07</u>		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, BETTY 4005 OAKVIEW DR. PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DON FRANKLIN OAKVIEW DR PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEWART, WILLIAM 4044 OAKVIEW DR. PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GRUBBS, CHARLES 4040 OAKVIEW DR. PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEARGENT, JULIA 4016 OAKVIEW DR. PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, CHRISTINE 4052 OAKVIEW DR. PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBBS, CHARLES 4040 OAKVIEW DR. PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 an attachment with an address, with all other like empowered.					
SIGNATURE <u>Betty R. Smith</u>			DATE <u>2-5-07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE DAYTIME PHONE #		