FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90144 039 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18979

11032985

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 US

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4065 Oakview Dr.	PO Box 30758
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Murdock, FL
Zip: 33980 Country: USA	Zip: 33938 Country: USA

4. FEI Number: 59-2789818 ☐ Applied For ☐ Not Applicable

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

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: Kristine Wishard Street Address (P.O. Box Number is Not Acceptable) 23081 Harborview Rd., 2nd FL City: Charlotte Harbor FL ZIP: 33980

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: Kristine Wishard 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. FILE NOW. FEE IS $61.25! 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JONES, MARCELLA 7 SULIVAN ST HUMAROCK, MA 02047	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRANKLIN, DON 4032 OAKVIEW DR CHARLOTTE HARBOR, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCGOVERN, PHYLLIS 4060 OAKVIEW DR PORT CHARLOTTE, FL 33980	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change X Addition VD Thomas Cannon 4072 Oakview Dr.,C-3 Charlotte Harbor, FL 33980
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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] 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #