FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N23402

(3)

EAGLE	CAY CONDOMINIUM, INC	•							
Principal Place of Business			Mailing Address					- 1 TABUSSON BUD TINDOR SIDSI DIBSU BRSON TUDE BEDIT DYDYT DSBUT DIBSU BUDIE DIDSU 10\$F 	
881-901 COLLIER CT MARCO ISLAND FL 33937		PO BOX 931 MARCO ISLAND FL 33969							
								3. Date incorporated or Qualified 11/10/1987 3a. Date of Last Report 03/31/1995	
Principal Place of Business Total			2a. Mailing Address					4. FEI Number Applied For 65-0037291 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State			City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip Country			Z _i p Cou			,	8. This corporation has liability for intangible tax under s. 199.032,		
24 25 9. Name and Address of Current			9 30				Florida Statutes		
	9. Name and Address of Curren	iii negisi	erea Agent		81	Name	• • • • •	10. Name and Address of New Registered Agent	
DUDT F	DAILMID C				1.	Maine			
BURT, EDMUND S 990 CAPE MARCO DR #401					82	Street	Addres	ss (P.O. Box Number is Not Acceptable)	
MARCO ISLAND FL 33937									
					84	' '		FL 85 Zip Code	
or register	to the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such	change was authorize	s, the ab	ove-i corp	named co oration's	orporation of the second of th	tion submits this statement for the purpose of changing its registered office of directors. I hereby accept the appointment as registered agent. I am	
SIGNATURE	Signature, typed or printed name of registered agent				3377			when reinstating. DATE	
12.	OFFICERS AN			t Registere		nt signature i	required wi	APDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	'PD		DOELETE	1.17			D	Dechange Addition	
NAME	WILLARD, DONALD		1.2 N				DEARNEN TOHN		
STREET ADDRESS 901 COLLIER CT, #504						ADDRESS	DRESS 901 COLLIER GT		
CITY-ST-2IP	MARGO ISLAND FL 33937		1.4 CI				had 100 100 100 100 100 100 100 100 100 10		
TITLE	TO ELETE			■ 2.1 TITLE			15/7	7) . De Change ∟ Addition	
NAME	HELSTERN; KENNETH		2 2 N		IAME	E DA		LLETICAL OCTAVE	
STREET ADORESS	I .		23:		3 STREET ADDRESS		189	17 COLLIER CT	
CITY-ST-ZIP	MARCO ISLAND FL			2 4	2 4 CITY-ST-ZIP 17			ARCO 756 AND TE 33437	
TITLE	· SD		DELETE	3 1 TITLE		-	172	, Grange Addition	
NAME	CLARK, RITA			3.2 N	IAME		CLA	ARK, RITA	
STREET ADDRESS	897-COLLIER CT			335	TREET	ADDRESS	184	7 COLLIER CT	
CITY-ST-ZIP	MARCO-ISLAND FL			3.4.0			MA	PRCO ISLAND TI 33437	
TITLE	VD		DELETE	4.1 T	ITLE			☐ Change ☐ Addition	
NAME	MCCORMICK, DANIEL				NAME				
STREET ADDRESS	893 COLLIER CT.					ADORESS			
CITY-ST-ZIP	MARCO ISLAND FL 33937		DELETE			T-ZIP	ļ., ,		
TITLE NAME	STONE NIELS		[_]DEFEIG	511			0/1	Z2 Change ☐ Addition	
	897 COLLIER CT #604				IAME		1570	WE NIEW CT	
STREET ADDRESS City-St-Zip	MARCO ISLAND FL					ADDRESS	107	TOTALS Addition TOTALS TOTA	
TITLE	- HUMOO IODAND I L		DELETE	61 T	•	ST-ZIP	1///	Change Addition	
NAME				621					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP						I - ZIP			
14. Ldo hereb	y certify that the information supplied	with this 1	iling is voluntarily furni	shed and	doe	s not our	alify for I	the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	
oath; that	the information indicated on this anni Lam an officer or director of the corpo i Block 12 or Block 13 if changed, or o	bration or	the receiver or trustee	empowe	is tro ered	ue and ac to execut	ccurate te this r	e and that my signature shall have the same legal effect as if made under report as required by Chapter 617, Florida Statutes; and that my name	

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR