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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N23402** **(3)**

1. Corporation Name
EAGLE CAY CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
881-901 COLLIER CT MARCO ISLAND FL 33937	PO BOX 931 MARCO ISLAND FL 33969

3. Date Incorporated or Qualified: 11/10/1987

4. FEI Number: 65-0037291 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BURT, EDMUND S 909 NORTH COLLIER BLVD. MARCO ISLAND FL 33937	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	☐ DELETE	1.1 TITLE	DVP	☑ Change ☐ Addition
NAME	~~REARDEN, JOHN~~		1.2 NAME	REARDON JOHN	
STREET ADDRESS	~~901 COLLIER COURT~~		1.3 STREET ADDRESS	901 COLLIER CT.	
CITY-ST-ZIP	~~MARCO ISLAND FL~~		1.4 CITY-ST-ZIP	MARCO ISLAND, FL.	
TITLE	~~SD~~	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PELLETIER, OCTAVE		2.2 NAME		
STREET ADDRESS	897 COLLIER CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		2.4 CITY-ST-ZIP		
TITLE	~~PD~~	☑ DELETE	3.1 TITLE	DT	☑ Change ☐ Addition
NAME	~~CLARK, RITA~~		3.2 NAME	PRAYATO FRANK	
STREET ADDRESS	~~897 COLLIER CT~~		3.3 STREET ADDRESS	884 COLLIER CT.	
CITY-ST-ZIP	~~MARCO ISLAND FL~~		3.4 CITY-ST-ZIP	MARCO ISLAND, FL. 34145	
TITLE	~~VD~~	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	~~MCCORMICK, DANIEL~~		4.2 NAME	GANTER BARBARA	
STREET ADDRESS	~~893 COLLIER CT.~~		4.3 STREET ADDRESS	897 COLLIER CT.	
CITY-ST-ZIP	~~MARCO ISLAND FL 33937~~		4.4 CITY-ST-ZIP	MARCO ISLAND, FL. 34145	
TITLE	~~DT~~	☐ DELETE	5.1 TITLE	DP	☑ Change ☐ Addition
NAME	~~NIELS, STONE~~		5.2 NAME	STONE, NIELS	
STREET ADDRESS	~~897 COLLIER COURT~~		5.3 STREET ADDRESS	897 COLLIER CT.	
CITY-ST-ZIP	~~MARCO ISLAND FL~~		5.4 CITY-ST-ZIP	MARCO ISLAND, FL. 34145	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Ruth E. Stone Jr. 4-9-98 9416628872
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #