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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N96000004877 (4)**

1. Corporation Name

EASTERN LAKE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
198 CENTER AVE SEAGROVE BEACH FL 32459	P O BOX 2389 SANTA ROSA BEACH FL 32459-2389

3. Date Incorporated or Qualified: 09/19/1996
3a. Date of Last Report:

2. Principal Place of Business
21 73B CHIVAS LANE
Suite, Apt. #, etc. 22
City & State 23 SEAGROVE BEACH, FL
Zip 24 32459 Country 25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number — ☑ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHORTRIDGE, MARY E
198 CENTER AVE
SEAGROVE BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name: LYN STAFFORD
82 Street Address (P.O. Box Number is Not Acceptable): 73B CHIVAS LANE
83 City: SANTA ROSA BEACH FL 85 Zip Code: 32459
84

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: Lyn Stafford LYN STAFFORD, PRESIDENT MARCH 24, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☑ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	ELIZABETH SHORTRIDGE		1.2 NAME	LYN STAFFORD	
STREET ADDRESS	198 CENTER AVENUE		1.3 STREET ADDRESS	73-B CHIVAS LANE	
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459		1.4 CITY-ST-ZIP	SEAGROVE BEACH, FL 32459	
TITLE	VICE-PRESIDENT (1ST)	☑ DELETE	2.1 TITLE	FIRST VICE-PRESIDENT	☑ Change ☐ Addition
NAME	EARL F. DAY		2.2 NAME	JOYCE ECHSNER	
STREET ADDRESS	219 S. GULF DRIVE		2.3 STREET ADDRESS	142 BEACHSIDE 22	
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459		2.4 CITY-ST-ZIP	SEAGROVE BEACH, FL 32459	
TITLE	SECRETARY	☑ DELETE	3.1 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	LYN STAFFORD		3.2 NAME	NANCY SELLERS	
STREET ADDRESS	73B CHIVAS LANE		3.3 STREET ADDRESS	407 LAKEVIEW DRIVE	
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459		3.4 CITY-ST-ZIP	SEAGROVE BEACH, FL 32459	
TITLE	TREASURER	☑ DELETE	4.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	REBECCA H. SWIFT		4.2 NAME	JUDI RUTLAND	
STREET ADDRESS	65 SOUTH GULF DRIVE		4.3 STREET ADDRESS	439 LAKEVIEW DR.	
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459		4.4 CITY-ST-ZIP	SEAGROVE BEACH FL 32459	
TITLE	2ND VICE-PRESIDENT	☑ DELETE	5.1 TITLE	SECOND VICE-PRESIDENT	☑ Change ☐ Addition
NAME	JOYCE CHISOLM		5.2 NAME	JOHN MATICH	
STREET ADDRESS	P.O. BOX 4728		5.3 STREET ADDRESS	136 LAKE POINTE DR.	
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459		5.4 CITY-ST-ZIP	SEAGROVE BEACH, FL 32459	
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 (9/96)

14. I do 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: Lyn Stafford LYN STAFFORD, PRESIDENT 3/24/97 (904) 231-2567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

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