

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 8:00 am
Secretary of State

03-30-2000 90017 047 ****61.25
 09-13-2000 90012 043 ****61.25

DOCUMENT # N96000004877

1. Entity Name

EASTERN LAKE NEIGHBORHOOD ASSOCIATION, INC.

P

Principal Place of Business

Mailing Address

368 LAKEVIEW DR
 SEAGROVE BEACH FL 32459
 US

P O BOX 2389
 SANTA ROSA BEACH FL 32459

00000400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3433952

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGE, ROBERT L
368 LAKEVIEW DR
SEAGROVE BEACH FL 32459

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD LANGE, ROBERT L**
 STREET ADDRESS **368 LAKEVIEW DR**
 CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD KRASKA, BEVERLY J**
 STREET ADDRESS **118 LAKEPOINT DR**
 CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **TD ECHSNER, JOYCE**
 STREET ADDRESS **142 BEACHSIDE 22**
 CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

TITLE ☒ Change ☒ Addition
 NAME **TD Lyn Stafford**
 STREET ADDRESS **256 Center Avenue**
 CITY-ST-ZIP **Seagrove Beach, FL 32459**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Beverly J Kraska*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-00 850/231-4467
 Date Daytime Phone #

Attachment
N96000004877
00085458

Eastern Lake Neighborhood Association

P.O. Box 2389 *Santa Rosa Beach, FL 32459

September 11, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Division of Corporations:

I submitted the 2000 Uniform Business Report (UBR) on March 27, 2000 and enclosed a check for \$61.25.

I just received a SECOND NOTICE from your office. I called your office today and was told that our March 27, 2000 application was not accepted because we did not have three directors. Unfortunately I never received a rejection letter from your office.

Enclosed please find a new application for Eastern Lake Neighborhood Association that lists three directors and another check.

If you have any questions, please call me at (850) 231-4467.

Sincerely,



Beverly Kraska
Secretary