

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 22, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000004877****1. Entity Name****EASTERN LAKE NEIGHBORHOOD ASSOCIATION, INC.****Principal Place of Business**

368 LAKEVIEW DR

SEAGROVE BEACH
32459

FL

US

Mailing Address

P O BOX 2389

SANTA ROSA BEACH
32459

FL

2. Principal Place of Business

101 N. MYRTLE DRIVE #210

3. Mailing Address

Suite, Apt. #, etc.

City & State

SEAGROVE BEACH

FL

City & State

SEAGROVE BEACH

Zip
32459Country
USZip
32459

Country

4. FEI Number**59-3433952****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLANGE ROBERT L
368 LAKEVIEW DRSEAGROVE BEACH
32459

FL

US

7. Name and Address of New Registered Agent**Name**

ANDERSON THOMAS CPRES.

Street Address (P.O. Box Number is Not Acceptable)
101 N. MYRTLE DR. #210City
SEAGROVE BEACH

FL

Zip Code
32459**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 **THOMAS C. ANDERSON****02/22/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25****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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWIFT BECKY 65 SW GULF DRIVE SEAGROVE BEACH FL 32459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANGE BOB 368 LAKEVIEW DRIVE SEAGROVE BEACH FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRASKA BEVERLY J 118 LAKEPOINT DR SEAGROVE BEACH FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON THOMAS C 101 N. MYRTLE DRIVE #210 SEAGROVE BEACH FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Kraska

TD

02/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)