

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90048 048 ****61.25

DOCUMENT # N96000004877

1. Entity Name

EASTERN LAKE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

101 N. MYRTLE DRIVE #210
SEAGROVE BEACH FL 32459
US

P O BOX 2389
SANTA ROSA BEACH FL 32459

UUUUUUUU

2. Principal Place of Business

3. Mailing Address

288 Lakeview Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Seagrove Beach, FL

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

ANDERSON, THOMAS C PRES.
101 N. MYRTLE DR. #210
SEAGROVE BEACH FL 32459

Name

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

288

288 Lakeview Dr

City

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 **Thomas C. Anderson, Pres.** **3-14-02**
 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

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**
 STREET ADDRESS **ANDERSON, THOMAS C**
 CITY-ST-ZIP **101 N. MYRTLE DRIVE #210**
SEAGROVE BEACH FL 32459

☒ Change ☐ Addition
 TITLE **61 Belmar Dr**
 STREET ADDRESS **Seagrove Beach, FL 32459**
 CITY-ST-ZIP

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

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **LANGE, BOB**
 CITY-ST-ZIP **368 LAKEVIEW DRIVE**
SEAGROVE BEACH FL 32459

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **SWIFT, BECKY**
 CITY-ST-ZIP **65 SW GULF DRIVE**
SEAGROVE BEACH FL 32459

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
 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: Thomas C. Anderson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02 850 231 4/35
 Date Daytime Phone #

CR2E037 (9/01)