

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90129 050 ****61.25

DOCUMENT # N96000004877

1. Entity Name
EASTERN LAKE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

**288 LAKEVIEW DR
SEAGROVE BEACH FL 32459
US**

Mailing Address

**P O BOX 2389
SANTA ROSA BEACH FL 32459**

90020851



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

219 South Gulf Drive
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Seagrove Beach, FL

City & State

Zip

32459

Country

USA

Country

4. FEI Number **59-3433952**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, THOMAS C PRES.
288 LAKEVIEW DR
SEAGROVE BEACH FL 32459**

7. Name and Address of New Registered Agent

Name **Earl Day, President**

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

219 South Gulf Drive

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **EARL F. DAY**
Signature, typed or printed name of registered agent and title if applicable.

Earl F Day
(NOTE: Registered Agent signature required when reinstating)

2/4/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **ANDERSON, THOMAS C**
STREET ADDRESS **61 BELMAR DR**
CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☒ Addition
NAME **Earl Day**
STREET ADDRESS **219 S. Gulf Drive, Seagrove Beach, FL 32459**
CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Tom Kennel**
STREET ADDRESS **335 Lakeview Dr, Seagrove Beach, FL**
CITY-ST-ZIP **32459**

TITLE **Jeannie Wilson - Secretary** ☐ Change ☒ Addition
NAME **62 San Roy Road**
STREET ADDRESS **Seagrove Beach, FL 32459**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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: **EARL F. DAY** **2/4/03** **231-1314**

CR2E037 (10/02)