## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addre

SIGNATURE:

## Apr 19, 2000 8:00 am Secretary of State DOCUMENT # N9900003511 1. Entity Name 04-19-2000 90079 021 \*\*\*\*61.25 EAGLE POND CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 3601 CYPRESS GARDENS ROAD 3601 CYPRESS GARDENS ROAD WINTER HAVEN FL 33884-2487 WINTER HAVEN FL 33884 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WOOD, JOHN G JR. 3601 CYPRESS GARDENS ROAD WINTER HAVEN FL 33884 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PDT Change ☐ Delete TITLE John G. Wood, Jr. NAME NAME STREET ADDRESS STREET ADDRESS 3601 Cypress Gardens Rd. CITY-ST-ZIP CITY-ST-ZIP Winter Haven, FL 33884 Change Addition ☐ Delete VD TITLE NAME John\_G.\_Wood\_ STREET ADDRESS STREET ADDRESS 3601 Cypress Gardens Rd. CITY-ST-ZIP CITY-ST-ZIP Winter Haven. FL 33884 Change Addition ☐ Delete TITLE TITLE NAME NAME Thomas H. Wood STREET ADDRESS STREET ADDRESS 3601 Cypress Gårdens Rd. CITY-ST-ZIP CITY-ST-ZIP Winter Haven, FL 33884 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

4/13/00 863-324-9663