2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90377 002 ****61.25

DOCUMENT # N99000004005

1. Entity Name

EAGLE GREENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~24301 WALDEN CENTER DRIVE~~ ~~SUITE 300~~ ~~BONITA SPRINGS FL 34134~~	~~24301 WALDEN CENTER DRIVE~~ ~~SUITE 300~~ ~~BONITA SPRINGS FL 34134~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
409 E. College Ave	P.O. Box 1058
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ruskin, Fl.	City & State: Ruskin, Fl.
Zip: 33570 Country: Hills.	Zip: 33570 Country: Hills.

4. FEI Number: 59-3593000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~GULLEN, JAMES D~~
~~24301 WALDEN CENTER DR.~~
~~BONITA SPRINGS FL 34134~~

7. Name and Address of New Registered Agent

Name: Lou Ellen Wilson
Street Address (P.O. Box Number is Not Acceptable): 409 E. College Avenue
City: Ruskin FL Zip Code: 33570

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: _____ 4/11/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEYER, R.C. JR. 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O/VP Nancy Driscoll 2657 Eagle Greens Dr. Plant City, Fl. 33567	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NELSON, GARY 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O/T Edwin Cook 2643 Eagle Greens Dr. Plant City, Fl. 33567	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CHAPLINE, JOHN W 2663 EAGLE GREENS DR PLANT CITY FL 33567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O/P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O/S Edgar R. Bethart 2665 Eagle Greens Dr. Plant City, Fl. 33576	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED President 4/11/02 (813)645-1529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John Chapline