

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 762712**

1. Entity Name  
**EAGLE CHASE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**3238 GOLDEN EAGLE LANE  
SARASOTA, FL 34231-7380**

Mailing Address  
**3238 GOLDEN EAGLE LANE  
SARASOTA, FL 34231-7380**



02262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2435804</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MORAN, GEORGE  
3224 GOLDEN EAGLE LANE  
SARASOTA, FL 34231**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARPER, JAN 3217 GOLDEN EAGLE LN SARASOTA, FL 34231
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIDNEY, JANE 3215 GOLDEN EAGLE LN SARASOTA, FL 34231
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOE, KATHERINE 3237 GOLDEN EAGLE LN SARASOTE, FL 34231
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTER, ROBERT 3237 GOLDEN EAGLE LN SARASOTA, FL 34231
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000005562048  
04/03/08-80033-021 \$1.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

**ROBERT J. CARTER**

**3/6/08**

**955-2122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #