2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762712

FILED Mar 04, 2009 Secretary of State

Entity Name: EAGLE CHASE HOMEOWNER'S ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3238 GOLDEN EAGLE LANE SARASOTA, FL 342317380 **Current Mailing Address: New Mailing Address:** 3238 GOLDEN EAGLE LANE SARASOTA, FL 342317380 FEI Number: 59-2435804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORAN, GEORGE 3224 GÓLDEN EAGLE LANE SARASOTA, FL 34231 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CARPER, JAN Name: Name: 3217 GOLDEN EAGLE LN Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KIDNEY, JANE Name: Address: 3215 GOLDEN EAGLE LN Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: (X) Change () Addition NOE, KATHERINE SAPERSTEIN, BONNA Name: Name: Address: 3237 GOLDEN EAGLE LN Address: 3207 GOLDEN EAGLE LN City-St-Zip: SARASOTE, FL 34231 City-St-Zip: SARASOTA, FL 34231 Title: TD () Delete Title: TD (X) Change () Addition STUCKEY, JOAN Name: CARTER, ROBERT Name: 3210 GOLDEN EAGLE LN Address: 3237 GOLDEN EAGLE LN Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN STUCKEY TD 03/04/2009