4/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
04-19-2001 90073 032 ****61.25

DOCUMENT # 766209

1. Entity Name
EAGLEWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8520 SE EAGLEWOOD WAY HOBE SOUND FL 33455	8520 SE EAGLEWOOD WAY HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2336363 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, ALLEN
8520 SE EAGLEWOOD WAY
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name Mark F. Holmgren
Street Address (P.O. Box Number is Not Acceptable)
8520 SE Eaglewood Way
City Hobe Sound FL Zip Code 33455

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 Mark F Holmgren, Pres. 4/12/01
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 KELLY, ALLAN 12866 SE PINEHURST CT HOBE SOUND FL 33455	☒ Delete	Vice President Karen Johnson 12809 SE Berwick Ct. VPD Hobe Sound, FL. 33455	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ Pres. HOLMGREN, MARK F 13136 SE POINT O WOODS CT PD HOBE SOUND FL 33455	☐ Delete	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCPHERSON, P F 13052 SE CROOKED STICK LN HOBE SOUND FL 33455	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FOLLMER, G C 12708 SE CASCADES CT HOBE SOUND FL 33455	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: Mark F Holmgren Pres. 4/12/01 561-546-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #