

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766209

1. Entity Name

EAGLEWOOD HOMEOWNERS ASSOCIATION, INC.

**FILED**  
May 05, 2002 8:00 am  
Secretary of State

05-05-2002 90292 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8520 SE EAGLEWOOD WAY  
HOBE SOUND FL 33455

8520 SE EAGLEWOOD WAY  
HOBE SOUND FL 33455

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

7. Name and Address of New Registered Agent

HOLMGREN, MARK F  
8520 SE EAGLEWOOD WAY  
HOBE SOUND FL 33455

Name **Reynolds, Alfred**  
Street Address (P.O. Box Number is Not Acceptable)  
**8520 SE Eaglewood Way**  
City **Hobe Sound** FL **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

*Alfred H. Reynolds, Pres.*  
Signature typed or printed name of registered agent and title if applicable.

**Alfred H. Reynolds, Pres.**

DATE

*Apr. 16, 2002*

(NOTE: Registered Agent signature required when reinstating)

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 PD  
NAME HOLMGREN, MARK F  
STREET ADDRESS 13136 SE POINT O WOODS CT  
CITY-ST-ZIP HOBE SOUND FL 33455 ☒ Delete

TITLE PD  
NAME Reynolds, Alfred  
STREET ADDRESS 8145 SE Cypress Point Pl.  
CITY-ST-ZIP Hobe Sound, fl. 33455 ☐ Change ☒ Addition

TITLE TD  
NAME MCPHERSON, P F  
STREET ADDRESS 13052 SE CROOKED STICK LN  
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME FOLLMER, G C  
STREET ADDRESS 12708 SE CASCADES CT  
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME JOHNSON, KAREN  
STREET ADDRESS 12809 SE BERWICK CT  
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

**Alfred H. Reynolds, Pres.**

SIGNATURE:

*Alfred H. Reynolds, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Apr. 16, 2002* 772-546-8100

CR2E037 (9/01)