

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766209

FILED
Apr 12, 2007
Secretary of State

Entity Name: EAGLEWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8520 SE EAGLEWOOD WAY
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

8520 SE EAGLEWOOD WAY
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 59-2336363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, KAREN E PRES.
8520 SE EAGLEWOOD WAY
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: JOHNSON, KAREN E
Address: 12809 SE BERWICK CT
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD () Delete
Name: DERRICO, JOSEPH
Address: 12911 SE LAUREL VALLEY LANE
City-St-Zip: HOBE SOUND, FL 33455

Title: TD () Delete
Name: FRANCE, JOSEPH V
Address: 12717 SE PINEHURST CT.
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: FRAAS, HELEN
Address: 12890 SE LAUREL VALLEY LANE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: KELLS, PETER C
Address: 12819 SE BERWICK COURT
City-St-Zip: HOBE SOUND, FL 33455

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN E. JOHNSON

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date