2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766209

FILED Feb 26, 2009 Secretary of State

Entity Name: EAGLEWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8520 SE EAGLEWOOD WAY HOBE SOUND, FL 33455

Current Mailing Address: New Mailing Address:

8520 SE EAGLEWOOD WAY HOBE SOUND, FL 33455

FEI Number: 59-2336363 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:

JOHNSON, KAREN E PRES. FRAAS, HELEN PRES 8520 SE EÁGLEWOOD WAY 8520 SÉ EAGLEWOOD WAY HOBE SOUND, FL 33455 HOBE SOUND, FL 33455

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: HELEN FRAAS 02/26/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition JOHNSON, KAREN E FRAAS, HELEN Name: Name: 12809 SE BERWICK CT Address: 12890 SE LAUREL VALLEY LANE Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455

Title: () Delete Title: (X) Change () Addition

FRAAS, HELEN Name: LAYTON, MARGARET Name:

Address: 12890 SE LAUREL VALLEY LANE Address: 13202 SE CROOKED STICK LANE City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455

Title: () Delete Title: () Change () Addition

KELLS, PETER C Name: Name: 12819 SE BERWICK COURT Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

Name: STULL, BARBARA B Name: Address: 12877 SE PINEHURST CT. Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip:

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: HELEN FRAAS **PRES** 02/26/2009