

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766209

**FILED**  
**Mar 03, 2010**  
**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:**

FRAAS, HELEN PRES.  
8520 SE EAGLEWOOD WAY  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

PORTER, JAMES PRES.  
8520 SE EAGLEWOOD WAY  
HOBE SOUND, FL 33455 US

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: JAMES PORTER

03/03/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PORTER, JAMES  
Address: 13132 SE CROOKED STICK LANE  
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD  
Name: LAYTON, MARGARET  
Address: 13202 SE CROOKED STICK LANE  
City-St-Zip: HOBE SOUND, FL 33455

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES PORTER

PRES

03/03/2010

Electronic Signature of Signing Officer or Director

Date