
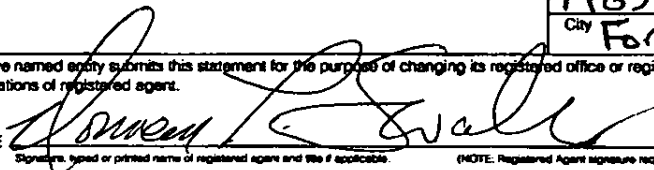
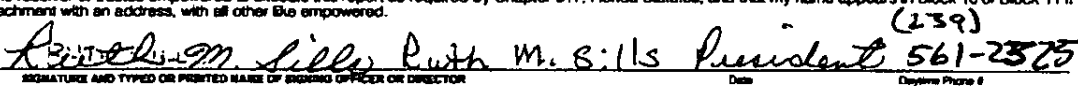


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
 47. May 22, 2006 8:00 am
 Secretary of State

04-21-2006 90110 001 ****61.25

| | | | |
|--|--|---|---|
| DOCUMENT # 766790 | |  | |
| 1. Entity Name EAGLE RIDGE PROPERTY OWNERS' ASSOCIATION, INC. | | | |
| Principal Place of Business 14501 AERIES WAY DR. FORT MYERS, FL 33912 US | | Mailing Address 14501 AERIES WAY DR. FORT MYERS, FL 33912 US | |
| 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 59-2380226 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MENDIETA, JORGE P 14896 SOARING EAGLE COURT FT. MYERS, FL 33912 | | 7. Name and Address of New Registered Agent Name SWALES, NORMAN P. Street Address (P.O. Box Number is Not Acceptable) 14895 SOARING EAGLE CT. City FORT MYERS FL Zip Code 33912 | |
| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 5/18/06 <small>Signatures, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when releasing.)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ABSHIRE, PAUL 14501 AERIES WAY DR. FT MYERS, FL 33912 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR ABSHIRE, PAUL 14501 AERIES WAY DR. FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SILLS, RUTH 14501 AERIES WAY DR. FT MYERS, FL 33912 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT SILLS, RUTH 14501 AERIES WAY DR. FT MYERS FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MENDIETA, JORGE P 14501 AERIES WAY DR. FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR NIERSTE, VINCENT 14501 AERIES WAY DR. FT MYERS, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NIERSTE, VINCENT 14501 AERIES WAY DR. FT MYERS, FL 33912 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT BREWSTER, DERRICK 14501 AERIES WAY DR. FT MYERS, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BREWSTER, DERRICK 14501 AERIES WAY DR. FORT MYERS, FL 33912 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY/TREASURER NORMAN P. SWALES 14895 SOARING EAGLE CT. FORT MYERS, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 fee empowered. SIGNATURE:  (239) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |