

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766790

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: EAGLE RIDGE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

14501 AERIES WAY DR.  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

14501 AERIES WAY DR.  
FORT MYERS, FL 33912 US

**New Mailing Address:**

FEI Number: 59-2380226      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SWALES, NORMAN P  
14896 SOARING EAGLE COURT  
FT. MYERS, FL 33912 US

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

SWALES, NORMAN P S  
14895 SOARING EAGLE COURT  
FT. MYERS, FL 33912 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: NORMAN P. SWALES

01/08/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ABSHIRE, PAUL  
Address: 14501 AERIES WAY DR  
City-St-Zip: FORT MYERS, FL 33913

Title: P ( ) Delete  
Name: SILL'S, RUTH  
Address: 14501 AERIES WAY DR  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: NERSTE, VINCENT  
Address: 14501 AERIES WAY DR  
City-St-Zip: FORT MYERS, FL 33912

Title: VP ( ) Delete  
Name: BREWSTER, DERRICK  
Address: 14501 AERIES WAY DR  
City-St-Zip: FORT MYERS, FL 33912

Title: S ( ) Delete  
Name: SWAVES, NORMAN P  
Address: 14895 SOARING EAGLE CT  
City-St-Zip: FORT MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WRAY, JAMES  
Address: 14501 AERIES WAY DR  
City-St-Zip: FORT MYERS, FL 33913

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

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

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

Title: S (X) Change ( ) Addition  
Name: SWALES, NORMAN P  
Address: 14895 SOARING EAGLE CT  
City-St-Zip: FORT MYERS, FL

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: NORMAN P. SWALES

S

01/08/2007

Electronic Signature of Signing Officer or Director

Date