
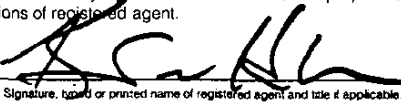
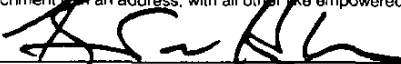


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90094 049 ****61.25

DOCUMENT # 770372			
1. Entity Name EAGLE'S LANDING HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 21301 S TAMAMI TRAIL SUITE 320 PMB 335 ESTERO, FL 33928		Mailing Address 21301 S TAMAMI TRAIL SUITE 320 PMB 335 ESTERO, FL 33928	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
City, Apt # etc. 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907		Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907	
Zip		Country	
01182008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2451866		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		7. Name and Address of New Registered Agent	
HAYDEN & ASSOCIATES 21301 S TAMAMI TRAIL SUITE 320 PMB 335 ESTERO, FL 33928		Name HAYDEN, KEN Street Address (P.O. Box Number is Not Acceptable) 8359 Beacon Blvd. Suite 213 City Ft. Myers, FL 33907 Code	
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 4-11-08	
Filing Fee is \$61.25 Due by May 1, 2008		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	TD HOVIOUS, DONALD 16610 TIMBERLAKES DR #A FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FILAR, KENNETH 16592 TIMBERLAKES DR #B FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARRA, RONALD SR 16584 TIMBERLAKES DR #B FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITHWICK, GARY 16598 TIMBERLAKES DR #B FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, MARY ANN 16620 TIMBERLAKES DR #A FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	Pm Ken Hayden 8359 Beacon Blvd, Suite 213 Ft Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 617, 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 to an address, with all other like empowered.			
SIGNATURE: 		DATE 4-11-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	