

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 08, 2007  
Secretary of State**

DOCUMENT# N01000002545

Entity Name: EAGLE'S VIEW COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

386 SE PRICE CREEK LOOP  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

386 SE PRICE CREEK LOOP  
LAKE CITY, FL 32025

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

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

ADAMS, JENNEL K  
386 SE PRICE CREEK LOOP  
LAKE CITY, FL 32025 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ADAMS, JENNEL K  
Address: 386 SE PRICE CREEK LOOP  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: LEGUIRE, L R  
Address: 724 SW MCFARLANE AVENUE  
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete  
Name: REED, DON L  
Address: 2230 SE BAYA DRIVE  
City-St-Zip: LAKE CITY, FL 32025

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

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

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

Title: D (X) Change ( ) Addition  
Name: JAMES, ADAMS A  
Address: 386 SE PRICE CREEK LOOP  
City-St-Zip: LAKE CITY, FL 32025

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: JENNEL K. ADAMS

PD

02/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date