## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0100002545

1. Entity Name

EAGLE'S VIEW COMMUNITY ASSOCIATION, INC.

## **FILED** Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90200 014 \*\*\*\*70.00

LAKE CITY FL 2024  2. Finnepair Place of Business  Sulva, Apri. #, onc			•				T. S.						
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Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    Cry & State   Country   Zip   Country   S. Certification NOT APPLICABLE   Applied Formation   Not Applicable   Not Ap	RT 9. BOX 804 LAKE CITY FL 32024									_			
Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    Cry & State   Country   Zip   Country   S. Certification NOT APPLICABLE   Applied Formation   Not Applicable   Not Ap		•							H III HAN HAN ÎNÎ	iin ma			
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Country   Zip   Country   S. Certificato of Status Desired   \$8.75 Addiscons   Feb. Required	City & Stat	e		City & State				4. FEI Number NOT APPLICABLE Applied For Not Applicable					
ADAMS, JENNELL K FILE NOW: FEE IS S61.25  ### COPFICERS AND DIRECTORS  ### ADDITIONS/CHANGES TO OPERICERS AND DIRECTORS IN 10  ### ADDITIONS/CHANGES TO OPERICERS AND DIRECTORS  ### ADDITIONS/CHANGES TO OPERICERS AND DIRECTORS IN 10  ### ADDITIONS/CHANGES TO OPERICE AND DIRECTORS IN 10  ### ADDITIONS/CHANGES	Zip Country		Zi	Zip Cor			ntry \$8.75 Additional						
ADAMS, JENNELL K FINLEY LITTLE RD RT 9, BOX 804 LAKE CITY FL 32024  City FL Zip 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 and state of explanation.  SIGNATURE  FILE NOW: FEE IS \$61.25  PLEICHION Campaign Financing Added signature accidated when remoterable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE ADAMS, JENNELL R  ITILE ADAMS, JENNELL R  ITILE ADAMS, JENNELL R  ITILE ADAMS, JENNELL R  ITILE ADAMS, JENNEL R  ITILE ADAMS, JENNEL R  ITILE ADAMS, JENNEL R  ITILE ADAMS SIRES ADDITES  I		6. Name and Address of Cu	rrent Register	Registered Agent									
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City FL Zop Code  6. 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. Tam familiar with, and accept the obligations of registered agent.  SIGNATURE    Topic	FINLEY L	ITTLE RD	٠				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits his 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    Signature, speed or printed norre or registered agent									,				
SIGNATURE    Signature, typeed or printed name of registered agent and title if expiritable   (NOTE Registered Agent signature required when revisating)   DATE	LAKE CII	1 FL 32024								FL	Zip Code	9	
SIGNATURE    Signature typical or primed name of registered agent and till er eppéleable   (NOTE Registered Agent signature required when revisating)   DATE	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.												
FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE ADAMS, JENNELL R STREET ADDRESS OTY-ST-2P LEGUIRE, L R STREET ADDRESS OTY-ST-2P LAKE CITY FL 32024  TITLE MAWE STREET ADDRESS OTY-ST-2P LAKE CITY FL 32025  TITLE MAWE STREET ADDRESS OTY-ST-2P LAKE CITY FL 32025  TITLE MAWE STREET ADDRESS OTY-ST-2P LAKE CITY FL 32025  TITLE MAWE STREET ADDRESS OTY-ST-2P LAKE CITY FL 32025  TITLE MAWE STREET ADDRESS OTY-ST-2P LAKE CITY FL 32025  TITLE MAWE STREET ADDRESS OTY-ST-2P LAKE CITY FL 32025  TITLE MAWE STREET ADDRESS OTY-ST-2P LAKE CITY FL 32025  TITLE MAWE STREET ADDRESS OTY-ST-2P LAKE CITY FL 32025  TITLE MAWE STREET ADDRESS OTY-ST-2P STREET ADDRESS OTY-S													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: