

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90190 003 ****61.25

DOCUMENT # N01000006628
 1. Entity Name
 EAGLE TREE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: C/O THE RITZ-CARLTON DEV. CO INC. 6649 WESTWOOD BLVD - SUITE 500 ORLANDO, FL 32821-6090
 Mailing Address: MVC1 -RESORT SERVICES 6649 WESTWOOD BLVD - SUITE 110 ORLANDO, FL 32821

60036049



04072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number: 02-0539819 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ELEYSSAMI, YALELL
STREET ADDRESS	6649 WESTWOOD BLVD
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	T
NAME	Dunham, Roger
STREET ADDRESS	503 Baird Eagle Dr
CITY-ST-ZIP	Dunedin, FL 33477
TITLE	P
NAME	LEANDRO, SANDY
STREET ADDRESS	6649 WESTWOOD BLVD
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	S
NAME	KANAVOS, PAUL
STREET ADDRESS	650 MADISON AVENUE, 15TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	D
NAME	MOORE, CHERYL
STREET ADDRESS	71 OCEAN AVENUE
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: [Signature] 4/14/08 407-206-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #