

FILE NOW: FILING FEE IS \$61.25

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07-26-1999 90014 050 ****61.25

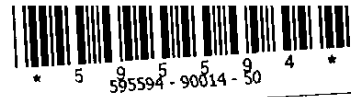
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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N05179

1. Corporation Name
EAGLE ISLAND ESTATES PROPERTY OWNERS ASSOCIATION, INC.

| | |
|--|--|
| Principal Place of Business P O BOX 235 P. O. BOX 235 LAND-O-LAKES FL 34639 US | Mailing Address P O BOX 235 P. O. BOX 235 LAND-O-LAKES FL 34639 US |
|--|--|



| | | | | |
|---|--|---|--------------------------------|-------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Date Incorporated or Qualified 09/17/1984 | 4. FEI Number 59-2902801 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

SCHWEITZER, RAY
24309 BOB WHITE COURT
LAND O' LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name Glenn Anderson
82 Street Address (P.O. Box Number is Not Acceptable) 24305 Bobwhite Ct.
83
84 City Lando Lakes FL 85 Zip Code 34639

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Glenn Anderson* DATE 7/14/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | | | |
|-----------|------------------------|--------------------------------------|-----------------------------------|--|
| TITLE PD | NAME SCHWEITZER, RAY | STREET ADDRESS 24309 BOB WHITE COURT | CITY-ST-ZIP LAND O'LAKES FL 34639 | <input checked="" type="checkbox"/> DELETE |
| TITLE VPD | NAME ANDERSON, GLENN | STREET ADDRESS 24305 BOB WHITE COURT | CITY-ST-ZIP LAND O'LAKES FL 34639 | <input type="checkbox"/> DELETE |
| TITLE SD | NAME HUDAK, ELLEN | STREET ADDRESS 5417 EAGLE BOULEVARD | CITY-ST-ZIP LAND O LAKES FL 34639 | <input checked="" type="checkbox"/> DELETE |
| TITLE TD | NAME MARCHICA, GINA | STREET ADDRESS 5406 SWALLOW DRIVE | CITY-ST-ZIP LAND-O-LAKES FL 34639 | <input type="checkbox"/> DELETE |
| TITLE DS | NAME HERMANN, ROBERT A | STREET ADDRESS 5221 SWALLOW DR. | CITY-ST-ZIP LAND-O-LAKES FL | <input checked="" type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Gary Segunda |
| 6.3 STREET ADDRESS | 5221 Eagle Island Dr. |
| 6.4 CITY-ST-ZIP | Land O Lakes, FL 34639 |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glenn Anderson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 7/14/99 DAYTIME PHONE #

CR2E037 (11/98)