2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State
06-01-2004 90009 039 ****61.25

DOCUMENT # N05179

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

54056262

Principal Place of Business	Mailing Address
C/O BRUCE M. SZABO, PA 4111 LAND O LAKES BLVD LAND O LAKES, FL 34639 US	C/O BRUCE M. SZABO, PA 4111 LAND O LAKES BLVD LAND O LAKES, FL 34639 US

03212003 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
C/O Henry Butler	C/O Henry Butler
Suite, Apt. #, etc.: 5340 NUTCRACKER CIR	Suite, Apt. #, etc.: 5340 Nutcracker Cir
City & State: Land O' LAKES FL.	City & State: Land O Lakes FL.
Zip: 34639 Country: Pasco	Zip: 34639 Country: Pasco

4. FEI Number 59-2902801 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, GLENN 34205 BOBWHITE CT LAND O' LAKES, FL 34639	Name Street Address (P.O. Box Number is Not Acceptable) 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.

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

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD ANDERSON, GLENN 24305 BOB WHITE COURT LAND O'LAKES, FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SPACONE, BRAD 24309 BOB WHITE CT LAND O LAKES, FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUTLER, HENDRY 5340 NUTCRACKER CR. LAND O LAKES, FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Butler, HENRY 5340 NUTCRACKER CIRCLE LAND O LAKES, FL. 34639	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: H. O. B. 28 May 04 813-996-5849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #