

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05179

FILED  
Jan 18, 2005  
Secretary of State

**Entity Name:** EAGLE ISLAND ESTATES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O HENRY BUTLER  
5340 NUTCRACKER CIR  
LAND O LAKES, FL 34639 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HENRY BUTLER  
5340 NUTCRACKER CIR  
LAND O LAKES, FL 34639 US

**New Mailing Address:**

**FEI Number:** 59-2902801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, GLENN  
34205 BOBWHITE CT  
LAND O' LAKES, FL 34639 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: ANDERSON, GLENN  
Address: 24305 BOB WHITE COURT  
City-St-Zip: LAND O'LAKES, FL 34639

Title: VD ( ) Delete  
Name: SPACONE, BRAD  
Address: 24309 BOB WHITE CT  
City-St-Zip: LAND O LAKES, FL 34639

Title: T ( ) Delete  
Name: BUTLER, HENRY  
Address: 5340 NUTCRACKER CR.  
City-St-Zip: LAND O LAKES, FL 34639

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HENRY O. BUTLER

T

01/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date