2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# N05179

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:

C/O VICKI GOJMERAC
5315 SWALLOW DRIVE
LAND O LAKES, FL 34639 US

Current Mailing Address:

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

New Mailing Address:

C/O VICKI GOJMERAC
5315 SWALLOW DRIVE
LAND O LAKES, FL 34639 US

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:

NIVISON, CATHERINE B
5425 EAGLE BLVD.
LAND O' LAKES, FL 34639 US

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: CATHERINE NIVISON 01/05/2006
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: PD (X) Change ( ) Addition
Name: NIVISON, CATHERINE B
Address: 5425 EAGLE BLVD.
City-St-Zip: LAND O'LAKES, FL 34639

Title: VD (X) Change ( ) Addition
Name: TAYLOR, LARRY E
Address: 5311 SWALLOW DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: T (X) Change ( ) Addition
Name: GOJMERAC, VICKI M
Address: 5315 SWALLOW DRIVE
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: VICKI GOJMERAC T 01/05/2006
Electronic Signature of Signing Officer or Director Date