

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90056 038 ****61.25

DOCUMENT # N05179 1. Entity Name EAGLE ISLAND ESTATES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O VICKI GOJMERAC 5315 SWALLOW DRIVE LAND O LAKES, FL 34639 US				Mailing Address C/O VICKI GOJMERAC 5315 SWALLOW DRIVE LAND O LAKES, FL 34639 US	
2. Principal Place of Business - No P.O. Box # c/o Stated Sale		3. Mailing Address c/o Stated Sale		40053101 	
Suite, Apt. #, etc. 5268 Eagle Blvd		Suite, Apt. #, etc. P.O. Box 2559		03262007 Chg-NP CR2E037 (12/06)	
City & State Land O Lakes, FL.		City & State Land O Lakes, FL		4. FEI Number 59-2902801	
Zip 34639		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NIVISON, CATHERINE B 5425 EAGLE BLVD. LAND O' LAKES, FL 34639				7. Name and Address of New Registered Agent Name Russell J. Watrous Street Address (P.O. Box Number is Not Acceptable) 5218 Eagle Island Dr. City Land O Lakes FL Zip Code 34639	
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 April 1, 2007 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, 2007		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 NIVISON, CATHERINE B 5425 EAGLE BLVD. LAND O' LAKES, FL 34639	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Russell J. Watrous 5218 Eagle Island Dr. Land O Lakes, FL 34639	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, LARRY E 5311 SWALLOW DRIVE LAND O LAKES, FL 34639	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOJMERAC, VICKI M 5315 SWALLOW DRIVE LAND O LAKES, FL 34639	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stated Sale 5268 Eagle Blvd Land O Lakes, FL 34639	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:				4-1-2007 (727) 808-3711	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	