

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90660 026 \*\*\*\*61.25

**DOCUMENT # N95000001491**  
 1. Entity Name  
**EAGLE CAY HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**C/O CAMPBELL PROPERTY MGMT** **C/O CAMPBELL PROPERTY MGMT**  
**1215 E. HILLSBORO BLVD.** **1215 E. HILLSBORO BLVD.**  
**DEERFIELD BEACH FL 33441** **DEERFIELD BEACH FL 33441**

**J4032014**



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0613426** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SACHS, SAK & KLEIN P.A.**  
**NORTHERN TRUST PLAZA STE 4150**  
**301 YAMATO RD**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
 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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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

TITLE	SD	<input type="checkbox"/> Delete
NAME	KENNY, AMY	
STREET ADDRESS	5416 EAGLE CAY WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREHRLING, VIVIAN PLACE	
STREET ADDRESS	5216 EAGLE CAY WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHICHESTER, PATRICK	
STREET ADDRESS	5244 EAGLE CAY WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OWENS, SHERON	
STREET ADDRESS	5424 EAGLE CAY WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNY, AMY	
STREET ADDRESS	5416 EAGLE CAY WAY	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREHRLING, VIVIAN	
STREET ADDRESS	5216 EAGLE CAY PLACE	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON OWENS	
STREET ADDRESS	5424 EAGLE CAY WAY	
CITY-ST-ZIP	POMPANO BEACH, FL. 33073	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHICHESTER, PATRICK	
STREET ADDRESS	5244 EAGLE CAY WAY	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, MONICA	
STREET ADDRESS	5212 EAGLE CAY PLACE	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Sharon L Owens* **SHARON L OWENS** **4/13/04** **954-426-1609**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #