
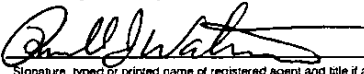
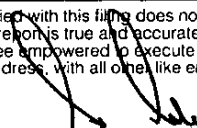


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N05179</b> 1. Entity Name <b>EAGLE ISLAND ESTATES PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O VICKI GOJMERAC</b> <b>5315 SWALLOW DRIVE</b> <b>LAND O LAKES, FL 34639 US</b>			Mailing Address <b>C/O VICKI GOJMERAC</b> <b>5315 SWALLOW DRIVE</b> <b>LAND O LAKES, FL 34639 US</b>		
2. Principal Place of Business - No P.O. Box # <b>c/o Stated Sale</b>		3. Mailing Address <b>c/o Stated Sale</b>			
Suite, Apt. #, etc. <b>5268 Eagle Blvd</b>		Suite, Apt. #, etc. <b>P.O. Box 2559</b>			
City & State <b>Land O Lakes, FL</b>		City & State <b>Land O Lakes, FL</b>			
Zip <b>34639</b>		Country <b>US</b>		Zip <b>34639</b>	
Country <b>US</b>		Country <b>US</b>			
6. Name and Address of Current Registered Agent  <b>NIVISON, CATHERINE B</b> <b>5425 EAGLE BLVD.</b> <b>LAND O LAKES, FL 34639</b>			7. Name and Address of New Registered Agent Name <b>Russell J. Watrous</b> Street Address (P.O. Box Number is Not Acceptable) <b>5218 Eagle Island Dr.</b> City <b>Land O Lakes</b> <b>FL</b> Zip Code <b>34639</b>		
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 <b>April 1, 2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
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 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Russell J. Watrous <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5218 Eagle Island Dr. Land O Lakes, FL 34639	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, LARRY E 5311 SWALLOW DRIVE LAND O LAKES, FL 34639 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOJMERAC, VICKI M 5315 SWALLOW DRIVE LAND O LAKES, FL 34639 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stated Sale <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5268 Eagle Blvd Land O Lakes, FL 34639	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #		

40053101



03262007 Chg-NP CR2E037 (12/06)

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

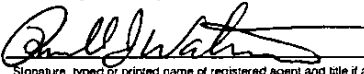
7. Name and Address of New Registered Agent

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**

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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

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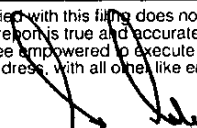
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SIGNATURE: 

4-1-2007 (727) 808-3711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #