			07/00
above, or on an attachment with all other like empowered.		,	,
oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as i	required by Chapter 617.	Florida Statutes: and that	mv name a

I hereby 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

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

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

# **Current Principal Place of Business:**

5331 HORNBILL CIRCLE LAND O LAKES, FL 34639

#### **Current Mailing Address:**

P.O. BOX 215 LAND O'LAKES, FL 34639

#### FEI Number: 59-2902801

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

DINEHART, SANDRA R 5331 HORNBILL CIRCLE 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: SANDRA R. DINEHART, MANAGER/CONSULTANT

		Electronic Signature of Registered Agent					
Officer/Director Detail :							
	Title	PRESIDENT	Title	SECRETARY/TREASURER			
	Name	WATROUS, RUSSELL J.	Name	BEATON, SUSAN M			
	Address	5218 EAGLE ISLAND DRIVE	Address	5331 HORNBILL CIRCLE			
	City-State-Zip:	LAND O LAKES FL 34639	City-State-Zip:	LAND O LAKES FL 34639			
	Title	VP	Title	DIRECTOR			
	Name	SNYDER, RICHARD J	Name	BECKNER, KIM			
	Address	5229 SWALLOW DR	Address	24300 BOB WHITE COURT			
	City-State-Zip:	LAND O LAKES FL 34639	City-State-Zip:	LAND O LAKES FL 34639			
	Title	DIRECTOR					
	Name	GOJMERAC, GEORGE					
	Address	5315 SWALLOW DR					
	City-State-Zip:	LAND O LAKES FL 34639					

Electronic Signature of Signing Officer/Director Detail

# SECRETARY/TREASURER 07/08/2018

07/08/2018 Date

FILED

Certificate of Status Desired: Yes

Date

appears