

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05179

**FILED**  
**Jan 12, 2021**  
**Secretary of State**  
**8449695208CC**

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

**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**

**Certificate of Status Desired: Yes**

**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**

**01/12/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VOTTA, KEVIN  
Address        P.O. BOX 215  
City-State-Zip: LAND O ' LAKES FL 34639

Title            SECRETARY/TREASURER  
Name            BEATON, SUSAN M  
Address        P.O. BOX 215  
City-State-Zip: LAND O ' LAKES FL 34639

Title            VP  
Name            GOJMERAC, GEORGE  
Address        P.O. BOX 215  
City-State-Zip: LAND O ' LAKES FL 34639

Title            DIRECTOR  
Name            MENESES, DORIS  
Address        P.O. BOX 215  
City-State-Zip: LAND O ' LAKES FL 34639

Title            DIRECTOR  
Name            HUGHES, MICHAEL  
Address        P.O. BOX 215  
City-State-Zip: LAND O ' LAKES FL 34639

*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 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 all other like empowered.*

**SIGNATURE: SUSAN M. BEATON**

**SECRETARY/TREASURER 01/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date