

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001513

**FILED  
Apr 19, 2013  
Secretary of State  
CC3909042338**

**Entity Name:** EAGLE PALMS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

THE PROFESSIONAL CENTER  
7800 66TH STREET N SUITE #205  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

THE PROFESSIONAL CENTER  
7800 66TH STREET N SUITE #205  
PINELLAS PARK, FL 33781 US

**FEI Number:** 20-4432923

**Certificate of Status Desired:** No

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

WELTON, RONALD  
THE PROFESSIONAL CENTER  
7800 66TH STREET N SUITE #205  
PINELLAS PARK, FL 33781 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MAIDLOW, DON  
Address THE PROFESSIONAL CENTER  
7800 66TH STREET N SUITE #205  
City-State-Zip: PINELLAS PARK FL 33781

Title VP  
Name GEIGER, GENE  
Address THE PROFESSIONAL CENTER  
7800 66TH STREET N SUITE #205  
City-State-Zip: PINELLAS PARK FL 33781

Title ST  
Name ERCOLI, ADAM  
Address THE PROFESSIONAL CENTER  
7800 66TH STREET N SUITE #205  
City-State-Zip: PINELLAS PARK FL 33781

*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: DON MAIDLOW**

**PRESIDENT**

**04/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date