


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90042 030 ****61.25

DOCUMENT # 749162					
1. Entity Name EAGLE VILLAGE, INC.					
Principal Place of Business 4710 14TH STREET WEST BRADENTON, FL 34207-2003			Mailing Address 4710 14TH STREET WEST BRADENTON, FL 34207-2003		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01102006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-0938114				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGRIFF, THOMAS J. 4710-14 STREET WEST BRADENTON, FL 34207			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNER, RICHARD		NAME	MCGRATH, THOMAS	
STREET ADDRESS	1113 1/2 CONSTANTINE		STREET ADDRESS	1335 SAND ROAD - #2	
CITY-ST-ZIP	THREE RIVERS, MI 49093		CITY-ST-ZIP	FERRISBURGH, VT 05456-9849	
TITLE	D	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNNELLS, DONALD		NAME	BOLLENBACHER, EDGAR	
STREET ADDRESS	8801 WEST OKLAHOMA AVENUE #118		STREET ADDRESS	2560 OREGON ROAD	
CITY-ST-ZIP	MILWAUKEE, WI 53227		CITY-ST-ZIP	ROCKFORD, OH 45882	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOOL, RICHARD V		NAME	LYTLE, KIP	
STREET ADDRESS	727 E SALEM RD		STREET ADDRESS	521 "J" STREET	
CITY-ST-ZIP	BATESVILLE, IN 47006		CITY-ST-ZIP	INDIANOLA, NE 69034	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMPTON, JOHN		NAME	THOMPSON, STANLEY	
STREET ADDRESS	1838 MOWHAWK DRIVE		STREET ADDRESS	234 W. MCKINLEY	
CITY-ST-ZIP	LANCASTER, OH 43130		CITY-ST-ZIP	OWATONNA, MN 55060	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUMBLEY, THERON		NAME		
STREET ADDRESS	941 KIRBY HOLLOW RD		STREET ADDRESS		
CITY-ST-ZIP	DORSET, VT 052519777		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Edgar L. Bollenbacher</i>			Edgar L. Bollenbacher		
			2/28/06 419-942-1379		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Daytime Phone #</small>					