

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 762712**

1. Entity Name

EAGLE CHASE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

**3238 GOLDEN EAGLE LANE
SARASOTA FL 34231-7380**

Mailing Address

**3238 GOLDEN EAGLE LANE
SARASOTA FL 34231-7380**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2435804

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORAN, GEORGE
3224 GOLDEN EAGLE LANE
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHERRILL, WILLIAM 3220 GOLDEN EAGLE LA SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEERY, BRUCE 3225 GOLDEN EAGLE LN SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARPER, JAN 3217 GOLDEN EAGLE LN SARASOTE FL 34231	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTER, ROBERT 3237 GOLDEN EAGLE LN SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90053 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)