

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 27, 2007
Secretary of State

DOCUMENT# 770372

Entity Name: EAGLE'S LANDING HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044**New Principal Place of Business:**21301 S TAMIAMI TRAIL
SUITE 320 PMB 335
ESTERO, FL 33928**Current Mailing Address:**2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044**New Mailing Address:**21301 S TAMIAMI TRAIL
SUITE 320 PMB 335
ESTERO, FL 33928**FEI Number:** 59-2451866**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**HAYDEN & ASSOCIATES
21301 S TAMIAMI TRAIL
SUITE 320 PMB 335
ESTERO, FL 33928 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: KEN HAYDEN

04/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD () Delete
Name: HOVIOUS, DONALD
Address: 16610 TIMBERLAKES DR #A
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Delete
Name: FILAR, KENNETH
Address: 16592 TIMBERLAKES DR #B
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: MARRA, RONALD SR
Address: 16584 TIMBERLAKES DR #B
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Delete
Name: SMITHWICK, GARY
Address: 16598 TIMBERLAKES DR #B
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: REYNOLDS, MARY ANN
Address: 16620 TIMBERLAKES DR #A
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEN HAYDEN

CAM

04/27/2007

Electronic Signature of Signing Officer or Director

Date