

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002424

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** EAGLE SUBDIVISION I PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

9800 S. HEALTHPARK DR.  
SUITE 350  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

9800 S. HEALTHPARK DR.  
SUITE 350  
FORT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 20-8770283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANN, CHARLES ESQ  
1833 HENDRY ST.  
FORT MYERS, FL 33901 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DARCHE, TODD  
Address: 9800 S. HEALTHPARK DR.  
City-St-Zip: FORT MYERS, FL 33908

Title: VP ( ) Delete  
Name: ALLARDT, BRIAN  
Address: 211 S. WALNUT ST.  
City-St-Zip: MUNCIE, IN 47305

Title: ST ( ) Delete  
Name: DODSON, DOUGLAS A  
Address: 9800 S. HEALTHPARK DR.  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: ROZANSKY, GLENN  
Address: 7300 KENDALL DR., 8TH FLOOR  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: CHAUSSE, SCOT  
Address: 1642 NE PINE ISLAND RD  
City-St-Zip: CAPE CORAL, FL 33909

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

Title: P (X) Change ( ) Addition  
Name: DARCHE, TODD  
Address: 9800 S. HEALTHPARK DR. SUITE 350  
City-St-Zip: FORT MYERS, FL 33908

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

Title: ST (X) Change ( ) Addition  
Name: DODSON, DOUGLAS A  
Address: 9800 S. HEALTHPARK DR. SUITE 350  
City-St-Zip: FORT MYERS, FL 33908

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

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: DOUGLAS A. DODSON

P

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date