2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2012
Secretary of State

DOCUMENT# N00000002424

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
Name: DARCHE, TODD
Address: 9800 S. HEALTHPARK DR. SUITE 350
City-St-Zip: FORT MYERS, FL 33908

Title: VP
Name: ALLARDT, BRIAN
Address: 4319 W. CLARA LN. #292
City-St-Zip: MUNCIE, IN 47304

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

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

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

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: DOUGLAS A. DODSON ST 03/27/2012
Electronic Signature of Signing Officer or Director — Date