

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004101

FILED
Jan 19, 2006
Secretary of State

Entity Name: EAGLES' COVE AT LAKE TARPON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4298 COVE DRIVE
PALM HARBOR, FL 34685

New Principal Place of Business:

4299 COVE DRIVE
PALM HARBOR, FL 34685

Current Mailing Address:

1880 BELLEAIR RD
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3708077 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KMET, KENNETH A
1880 BELLEAIR ROAD
CLEARWATER, FL 33764 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: D () Delete
Name: JONATHAN, MINES
Address: 4273 COVE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: GUTHRIE, JOHN
Address: 4285 COVE DRIVE
City-St-Zip: PALM, HARBOR, FL 34685

Title: PDV () Delete
Name: DUBUQUE, ELIZABETH
Address: 4298 COVE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: STD () Delete
Name: SZMIGA, ANDREA
Address: 4298 COVE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: STREITMATTER, JOHN
Address: 4299 COVE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: GUTHRIE, JOHN
Address: 4285 COVE DRIVE
City-St-Zip: PALM, HARBOR, FL 34685

Title: D (X) Change () Addition
Name: HASSAN, MAZIAD
Address: 4270 COVE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Change () Addition
Name: LISA, LOCKHART
Address: 4284 COVE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: PDV (X) Change () Addition
Name: STREITMATTER, JOHN
Address: 4299 COVE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN GUTHRIE

STD

01/19/2006

Electronic Signature of Signing Officer or Director

Date