

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004101

FILED
Apr 19, 2009
Secretary of State

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

Current Principal Place of Business:

4299 COVE DRIVE
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

EAGLES COVE C/O TED SHARP CPA
2753 S R 580 #203
CLEARWATER, FL 33761

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:

SHARP, TED CPA
2753 S R 580 #203
CLEARWATER, FL 33761 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: HARTENBACH, KARIN
Address: 2056 COVE TRACE
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: SZMIGA, ANDI
Address: 4326 COVE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ANDI SZMIGA

D

04/19/2009

Electronic Signature of Signing Officer or Director

Date