2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N00809

Entity Name: EAGLE LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994

New Mailing Address:

FEI Number: 59-2382312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADVANTAGE PROPERTY MGMT
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 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: TD ( ) Delete
Name: ORGATTI, MICHAEL
Address: 2960 SW WEST LAKE CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: SD ( ) Delete
Name: EAGLESON, GEORGE
Address: 2809 SW WEST LAKE CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: VPD ( ) Delete
Name: CRISANTI, JOHN
Address: 2738 SW WESTLAKE CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: PD ( ) Delete
Name: MOHR, DICK
Address: 3032 SW WESTLAKE CIR.
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: MOONEY, KEVIN
Address: 2816 SW WESTLAKE CIR.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: ORSATTI, MICHAEL
Address: 2960 SW WESTLAKE CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: SD (X) Change ( ) Addition
Name: EAGLESON, GEORGE
Address: 2809 SW WESTLAKE CIRCLE
City-St-Zip: PALM CITY, FL 34990

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: DICK MOHR PRES 03/30/2009

Electronic Signature of Signing Officer or Director — Date