

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007507

FILED  
Apr 13, 2008  
Secretary of State

Entity Name: MF-3 AT THE EAGLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

16701 EAGLE OAK DR  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

16701 EAGLE OAK DR  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 33-1015299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUTLER, WILLIAM  
16708 EAGLE OAK DR  
ODESSA, FL 33556 US

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

ORDAZ, CANDACE  
16715 EAGLE OAK DR  
ODESSA, FL 33556 US

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: CANDACE ORDAZ

04/13/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CLEMENTS, MARK  
Address: 16701 EAGLE OAK DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: DVPS ( ) Delete  
Name: BUTLER, WILLIAM  
Address: 16708 EAGLE OAK DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: DT ( ) Delete  
Name: HUGHES, JUDITH  
Address: 16717 EAGLE OAK DRIVE  
City-St-Zip: ODESSA, FL 33556

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

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

Title: DVPS (X) Change ( ) Addition  
Name: ORDAZ, CANDACE  
Address: 16715 EAGLE OAK DRIVE  
City-St-Zip: ODESSA, FL 33556

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: JUDITH HUGHES

DT

04/13/2008

Electronic Signature of Signing Officer or Director

Date