

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90038 026 ****61.25

DOCUMENT # N02000002129					
1. Entity Name EAGLE LAKE EAST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 60600 PALM BAY, FL 32906			Mailing Address PO BOX 60600 PALM BAY, FL 32906		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-6376667	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARBER, KAREN M 3847 MR. CARMEL LANE 3 PALM BAY, FL 32906			Name <u>Joyce Urch</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>791 Benton Drive</u>		
			City <u>Melbourne</u>		FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Joyce Urch</i></u>			DATE <u>3/17/8</u>		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBER, KARAN M		NAME		
STREET ADDRESS	PO BOX 60600		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32906		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFIN, SHARON		NAME		
STREET ADDRESS	PO BOX 60600		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32906		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOVER, JUDITH		NAME		
STREET ADDRESS	PO BOX 60600		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32906		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	URCH, JOYCE		NAME		
STREET ADDRESS	PO BOX 60600		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32906		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TSHONTIKIDIS, CARYN		NAME		
STREET ADDRESS	PO BOX 60600		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32906		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Joyce Urch</i></u>			DATE <u>3/17/8</u>		Daytime Phone # <u>321-243-8949</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

00000701



03032008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

\$8.75 Additional Fee Required

3/17/8

Filing Fee is \$61.25 Due by May 1, 2008

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

SIGNATURE:

Joyce Urch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/8
 Date

321-243-8949
 Daytime Phone #