

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 12, 2008
Secretary of State

DOCUMENT# N02000002129

Entity Name: EAGLE LAKE EAST HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**PO BOX 60600
PALM BAY, FL 32906**New Principal Place of Business:**3466 MOUNT CARMEL LANE
MELBOURNE, FL 32901**Current Mailing Address:**PO BOX 60600
PALM BAY, FL 32906**New Mailing Address:****FEI Number:** 04-6376667**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**URCH, JOYCE
791 BENTON DR
MELBOURNE, FL 32901 US**Name and Address of New Registered Agent:**MUSACCHIO, KIMBER
4220 MILLICENT CIRCLE
MELBOURNE, FL 32901 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: KIMBER MUSACCHIO

05/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GRIFFIN, SHARON
Address: PO BOX 60600
City-St-Zip: PALM BAY, FL 32906

Title: D () Delete
Name: HOOVER, JUDITH
Address: PO BOX 60600
City-St-Zip: PALM BAY, FL 32906

Title: T () Delete
Name: URCH, JOYCE
Address: PO BOX 60600
City-St-Zip: PALM BAY, FL 32906

Title: SEC () Delete
Name: TSHONTIKIDIS, CARYN
Address: PO BOX 60600
City-St-Zip: PALM BAY, FL 32906

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASTER, KEVIN
Address: PO BOX 60600
City-St-Zip: PALM BAY, FL 32906

Title: VD (X) Change () Addition
Name: BURGHER, KHANI
Address: PO BOX 60600
City-St-Zip: PALM BAY, FL 32906

Title: T (X) Change () Addition
Name: KIRKMAN, CHRIS
Address: PO BOX 60600
City-St-Zip: PALM BAY, FL 32906

Title: SEC (X) Change () Addition
Name: MUSACCHIO, KIMBER
Address: PO BOX 60600
City-St-Zip: PALM BAY, FL 32906

Title: D () Change (X) Addition
Name: HOWSER, GARY
Address: PO BOX 60600
City-St-Zip: PALM BAY, FL 32906

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: KEVIN S. CASTER

PD

05/12/2008

Electronic Signature of Signing Officer or Director

Date