

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002129

FILED
Feb 16, 2009
Secretary of State

Entity Name: EAGLE LAKE EAST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3466 MOUNT CARMEL LANE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

PO BOX 60600
PALM BAY, FL 32906

New Mailing Address:

645 CLASSIC CT.
STE.#104
MELBOURNE, FL 32940

FEI Number: 04-6376667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSACCHIO, KIMBER
4220 MILLICENT CIRCLE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

SPACE COAST PROPERTY MANAGEMENT
645 CLASSIC CT.
STE.#104
MELBOURNE, FL 32940 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: CINDY MARRS

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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:

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: KEVIN CASTER

P

02/16/2009

Electronic Signature of Signing Officer or Director

Date