

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002376

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** EAGLES NEST AT THE OAKS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3625 SR 419  
SUITE 280  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 196025  
WINTER SPRINGS, FL 327196025

**New Mailing Address:**

**FEI Number:** 05-0567812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASC PROPERTY SERVICES INC.  
3625 SR 419  
SUITE 280  
WINTER SPRINGS, FL 32708 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: DP ( ) Delete  
Name: CRAVEN, JOHN  
Address: PO BOX 196025  
City-St-Zip: WINTER SPRINGS, FL 32719

Title: SD ( ) Delete  
Name: CHAPMAN, HEATHER  
Address: PO BOX 196025  
City-St-Zip: WINTER SPRINGS, FL 32719

Title: TD ( ) Delete  
Name: BALBICKRAM, ELIZABETH  
Address: PO BOX 196025  
City-St-Zip: WINTER SPRINGS, FL 32719

**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:

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: ED HAYDEN

MGR

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date