

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004121

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: EAGLE DUNES HOMEOWNER'S ASSOCIATION, INC.

## Current Principal Place of Business:

1525 INTERNATIONAL PKWY  
SUITE 4051  
LAKE MARY, FL 32746

## New Principal Place of Business:

6972 LAKE GLORIA BLVD  
ORLANDO, FL 328093200

## Current Mailing Address:

1525 INTERNATIONAL PKWY  
SUITE 4051  
LAKE MARY, FL 32746

## New Mailing Address:

6972 LAKE GLORIA BLVD  
ORLANDO, FL 328093200

FEI Number: 20-1005509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LELAND MANAGEMENT  
5955 T. G. LEE BLVD.  
SUITE 200  
ORLANDO, FL 32822 US

## Name and Address of New Registered Agent:

LELAND MANAGEMENT  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 328093200 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:

04/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GRAY, JOHN C JR  
Address: 1525 INTERNATIONAL PKWY, SUITE 4051  
City-St-Zip: LAKE MARY, FL 32746

Title: DVST ( ) Delete  
Name: HAGOOD, TOM  
Address: 1525 INTERNATIONAL PKWY, SUITE 4051  
City-St-Zip: LAKE MARY, FL 32746

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition  
Name: GRAY, JOHN C JR  
Address: 1525 INTERNATIONAL PKWY, SUITE 4051  
City-St-Zip: LAKE MARY, FL 32746

Title: DP (X) Change ( ) Addition  
Name: HAGOOD, TOM  
Address: 1525 INTERNATIONAL PKWY, SUITE 4051  
City-St-Zip: LAKE MARY, FL 32746

Title: DST ( ) Change (X) Addition  
Name: GRENIER, DOTTIE  
Address: 1525 INTERNATIONAL PKWY, SUITE 4051  
City-St-Zip: LAKE MARY, FL 32746

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: TOM HAGWOOD

DP

04/27/2009

Electronic Signature of Signing Officer or Director

Date