
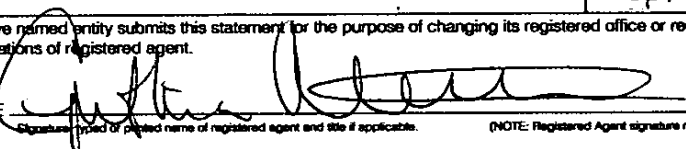
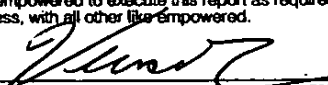


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000007935 1. Entity Name EAGLE HARBOR HOMEOWNERS ASSOCIATION, INC.						FILED 08 SEP 24 PM 2:25 CLERK OF STATE TALLAHASSEE, FLORIDA							
Principal Place of Business 6905 N. WICKHAM ROAD SUITE 401 MELBOURNE, FL 32940				Mailing Address 645 CLASSIC COURT SUITE 104 MELBOURNE, FL 32940 US									
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.									
City & State				City & State									
Zip		Country		Zip		Country							
4. FEI Number 20-2985139								Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required								07272008 Chg-NP CR2E037 (12/06)					
6. Name and Address of Current Registered Agent								Agent					
DARIC, JOHN ESQ 6905 N WICKHAM RD MELBOURNE, FL 32940								SCPM C/O Cindy HARRIS 645 Classic Court #104 Melbourne, FL 32940					
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.								Zip Code					
SIGNATURE 								DATE 9/8/08					
Amended AR is \$61.25								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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE PD NAME FOLEY, TODD STREET ADDRESS 6905 N WICKHAM RD SUITE 401 CITY-ST-ZIP MELBOURNE, FL 32940				TITLE PD NAME Vincent Alini STREET ADDRESS P.O. Box 033654 CITY-ST-ZIP Indialantic, FL 32903				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE VD NAME DARVIN, HOWARD STREET ADDRESS 6905 NORTH WICKHAM ROAD, SUITE 401 CITY-ST-ZIP MELBOURNE, FL 32940				TITLE VD NAME Bradley Barnes STREET ADDRESS 1253 United Drive CITY-ST-ZIP Melbourne, FL 32934				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE STD NAME SIGMUND, JAMES STREET ADDRESS 6905 N WICKHAM RD., SUITE 401 CITY-ST-ZIP MELBOURNE, FL 32940				TITLE SEC NAME Donna Burgess STREET ADDRESS 1250 Talon Way CITY-ST-ZIP Melbourne, FL 32934				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Delete				TITLE TD NAME Devaughn Dames STREET ADDRESS 1305 Talon Way CITY-ST-ZIP Melbourne, FL 32934				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 		DATE 9/8/08		Daytime Phone #	