2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007935

FILED Apr 28, 2009 Secretary of State

Entity Name: EAGLE HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6905 N. WICKHAM ROAD 1220 TALON WAY

SUITE 401 MELBOURNE, FL 32935 US MELBOURNE, FL 32940

Current Mailing Address: New Mailing Address:

645 CLASSIC COURT SUITE 104

MELBOURNE, FL 32940 US

FEI Number: 20-2985139 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPACE COAST PROPERTY MANAGEMENT
C/O CINDY MARRS
SPACE COAST PROPERTY MANAGEMENT
645 CLASSIC COURT

645 CLASSIC COURT #104 STE.104

MELBOURNE, FL 32940 US

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 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition Name: ALINI, VINCENT Name: ALINI, VINCENT

Address: P.O. BOX 033654 Address: P.O. BOX 033654
City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: INDIALANTIC, FL 32903

Title: VD () Delete Title: VP (X) Change () Addition

 Name:
 BARNES, BRADLEY
 Name:
 BARNES, BRADLEY

 Address:
 1253 UNITED DRIVE
 Address:
 1253 UNITED DRIVE

 City-St-Zip:
 MELBOURNE, FL 32934
 City-St-Zip:
 MELBOURNE, FL 32934

Title: S () Delete Title: () Change () Addition

 Name:
 BURGESS, DONNA
 Name:

 Address:
 1250 TALON WAY
 Address:

 City-St-Zip:
 MELBOURNE, FL 32934
 City-St-Zip:

 Name:
 DAMES, DEVAUGHN
 Name:
 DAMES, DEVAUGHN

 Address:
 1305 TALON WAY
 Address:
 1305 TALON WAY

 City-St-Zip:
 MELBOURNE, FL 32934
 City-St-Zip:
 MELBOURNE, FL 32934

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: VINCENT ALINI P 04/28/2009