

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008641

FILED
Oct 19, 2007
Secretary of State

Entity Name: EAGLES RIDGE P.O.A., INC.

Current Principal Place of Business:

PO BOX 560384
MONTVERDE, FL 347560384

New Principal Place of Business:

15050 WINDING RIDGE LANE
CLERMONT, FL 34715

Current Mailing Address:

PO BOX 560384
MONTVERDE, FL 347560384

New Mailing Address:

FEI Number: 20-0313676 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ASMA, WILLIAM N
886 S DILLARD STREET
WINTER GARDEN, FL 34787 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: WILLIAM N. ASMA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOWNS, THOMAS A
Address: 15050 WINDING RIDGE LANE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: THOMAS, CHERYL
Address: 15050 WINDING RIDGE LANE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: GARNER, STEPHANIE
Address: 15010 WINDING RIDGE LANE
City-St-Zip: CLERMONT, FL 34715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THOMAS, CHERYL
Address: 15040 WINDING RIDGE LANE
City-St-Zip: CLERMONT, FL 34711

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: THOMAS A. DOWNS

D

10/19/2007

Electronic Signature of Signing Officer or Director

Date