2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # N04000007165 03-12-2007 90361 044 ****61.25 EAGLE TRACE AT VERO BEACH HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 40033801 6123 57TH COURT 6123 57TH COURT VERO BEACH, FL 32967 VERO BEACH, FL 32967 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3082 Tog 01052007 CR2E037 (12/06) Chg-NP VERO BEACH, City & State | WORTH, Applied For 4. FEI Number 20-1394594 Not Applicable Country ひらA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RENDINA, RICHARD F Street Address (P.O. Box Number is Not Acceptable) 5564 WHIRLAWAY ROAD PALM BEACH GARDENS, FL 33408 City Zip Code 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Siegel, Stephen J 6114 57th Court VeroBeach , PL 32967 ☐ Delete TITLE **X** Change ☐ Addition TITLE SIEGEL, STEPHEN J NAME NAME STREET ADDRESS 17654 BOCAIRE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 33487 ☐ Delete TITI F TITLE Rendina, Richard F 6116 57th, Court Change ☐ Addition RENDINA, RICHARD F NAME 5564 WHIRLAWAY ROAD STREET ADDRESS STREET ADDRESS Vero Beach, FL 32967 CITY-ST-ZIP PALM BEACH GARDENS, FL 33408 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fifing 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 true title empowered to except 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 life empowered.

FILED Mar 12, 2007 8:00 am

Daytime Phone #