


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90018 023 ****61.25

DOCUMENT # N04000007165 1. Entity Name EAGLE TRACE AT VERO BEACH HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 6116 57TH COURT 6120 56th Avenue VERO BEACH, FL 32967				Mailing Address 3082 JOE ROAD LAKE WORTH, FL 33467	
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 20-1394594				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENDINA RICHARD F 5564 WHIRLAWAY ROAD PALM BEACH GARDENS, FL 33408 <i>Phoenix Management Services</i> <i>3082 Joe Rd</i> <i>LAKE WORTH FL 33467</i> <i>David Rosenblatt</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 <i>David C. Rento</i> 2/12/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEGEL, STEPHEN J		NAME		
STREET ADDRESS	6116 57TH COURT		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENDINA, RICHARD F		NAME		
STREET ADDRESS	6116 57TH COURT 6120 56th Avenue		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Tami Christy		NAME		
STREET ADDRESS	6120 56th Avenue		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08

Date

564-308-3181

Daytime Phone #