

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009358

FILED
Apr 11, 2007
Secretary of State

Entity Name: EAGLE PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR. 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR. 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-3044861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PRIOR, P. THOMAS
Address: 411 CENTRAL PARK DR
City-St-Zip: SANFORD, FL 32771

Title: DV () Delete
Name: WOODS, JOHN
Address: 411 CENTRAL PARK DR
City-St-Zip: SANFORD, FL 32771

Title: DST () Delete
Name: WEST, EVELYN
Address: 411 CENTRAL PARK DR
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTIN, BRIAN
Address: 1043 TAWNY EAGLE DR
City-St-Zip: GROVELAND, FL 34736

Title: VPD (X) Change () Addition
Name: BELTHROP, MARCY
Address: 1016 TAWNY EAGLE DR
City-St-Zip: GROVELAND, FL 34736

Title: TD (X) Change () Addition
Name: AUSTIN, SANDY
Address: 1038 TAWNY EAGLE DR
City-St-Zip: GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN MARTIN

PD

04/11/2007

Electronic Signature of Signing Officer or Director

Date