

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011288

FILED
Jun 01, 2006
Secretary of State

Entity Name: EAGLE PERCH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5860 OLD TIMUQUANA RD - STE 12
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5860 OLD TIMUQUANA RD - STE 12
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

MARINO, VINCENT
5860 OLD TIMUQUANA RD - STE 12
JACKSONVILLE, FL 32210 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARINO, VINCENT
Address: 5860 OLD TIMUQUANA RD - STE 12
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD () Delete
Name: CHANCE, BEN
Address: 5860 OLD TIMUQUANA RD - STE 12
City-St-Zip: JACKSONVILLE, FL 32210

Title: STD () Delete
Name: WHITEMORE, DAVE
Address: 5860 OLD TIMUQUANA RD - STE 12
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: SIMMONS, SHAWN
Address: 5860 OLD TIMUQUANA RD - STE 12
City-St-Zip: JACKSONVILLE, FL 32210

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

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: VINCENT MARINO

PD

06/01/2006

Electronic Signature of Signing Officer or Director

Date