2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003321

FILED Mar 23, 2009 Secretary of State

Entity Name: PI FAGLE LAKE ESTATES HOMEOWNERS' ASSOCIATION INC.

Current Principal Place of Business:		New Principal Place of Business:		
	G TAYLOR CII S CITY, FL 33			
Current M	lailing Addres	ss:	New Mailing Addres	ss:
	G TAYLOR CI S CITY, FL 33			
El Number:	: 37-1470004	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
SATEWO	OD, E. JR	RCI E		
ST. JAMES	S CITY, FL 33			
⊺he above	S CITY, FL 33	956 US	purpose of changing its registere	ed office or registered agent, or both,
⊺he above	S CITY, FL 33: named entity: of Florida.	956 US submits this statement for the		
The above n the State SIGNATUR	S CITY, FL 33: named entity: of Florida. RE: Electror	956 US submits this statement for the nic Signature of Registered Ag	ent	Date
The above n the State SIGNATUR	S CITY, FL 33: named entity: of Florida.	956 US submits this statement for the nic Signature of Registered Ag	ent	
The above of the State	s CITY, FL 33: named entity: e of Florida. RE: Electror S AND DIREC	956 US submits this statement for the nic Signature of Registered Ag TORS: Delete JR JYLOR CIRCLE	ent	Date
The above the State of the Stat	named entity see of Florida. RE: Electror S AND DIREC PD () GATEWOOD, E 5160 DOUG TA ST. JAMES CIT	submits this statement for the nic Signature of Registered Age TORS: Delete E. JR YLOR CIRCLE TY, FL 33956 Delete CAROL YLOR CIRCLE	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR

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: ESTILL GATEWOOD, JR PD 03/23/2009