

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 01, 2007
Secretary of State

DOCUMENT# N06000003836

Entity Name: EAGLE BAY OF OSCEOLA COUNTY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1085 WEST MORSE BOULEVARD
WINTER PARK, FL 32789**New Principal Place of Business:**231 RUBY AVE
SUITE A
KISSIMMEE, FL 34741 US**Current Mailing Address:**1085 WEST MORSE BOULEVARD
WINTER PARK, FL 32789**New Mailing Address:**PO BOX 452847
KISSIMMEE, FL 34741**FEI Number:** 20-4534250**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEE, GREGORY D
1085 WEST MORSE BOULEVARD
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**ASSOCIATION SOLUTIONS OF CENTRAL FL, INC.
231 RUBY AVE
SUITE A
KISSIMMEE, FL 34741 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: MINETTA GARAY

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: WILLIAMS, LARRY W
Address: 1085 WEST MORSE BOULEVARD
City-St-Zip: WINTER PARK, FL 32789**Title:** VPD () Delete
Name: LEE, GREGORY D
Address: 1085 WEST MORSE BOULEVARD
City-St-Zip: WINTER PARK, FL 32789**Title:** STD () Delete
Name: GOLDFARB, BOB
Address: 955 KELLER ROAD, SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: FRIEDMAN, GEORGE
Address: 955 KELLER ROAD, SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: LARRY WILLIAMS

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date