

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003836

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** EAGLE BAY OF OSCEOLA COUNTY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

231 RUBY AVE  
SUITE A  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 452847  
KISSIMMEE, FL 34745

**New Mailing Address:**

231 RUBY AVE  
SUITE A  
KISSIMMEE, FL 34741 US

**FEI Number:** 20-4534250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC.  
231 RUBY AVE  
SUITE A  
KISSIMMEE, FL 34741 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: PD ( ) Delete  
Name: WILLIAMS, LARRY W  
Address: 1085 WEST MORSE BOULEVARD, STE C  
City-St-Zip: WINTER PARK, FL 32789

Title: STD ( ) Delete  
Name: FRIEDMAN, GEORGE  
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: VPD (X) Change ( ) Addition  
Name: BARRETT, WILLIAM  
Address: 1085 WEST MORSE BOULEVARD, STE C  
City-St-Zip: WINTER PARK, FL 32789

Title: STD ( ) 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: MARK HILLS

MR

04/08/2009

Electronic Signature of Signing Officer or Director

Date