

DOCUMENT # N06000007012

1. Entity Name
ASSOCIATION OF HOMEOWNERS AT EAGLES POINT
PHASE II, INC.



Principal Place of Business
129 LAKE SHORE DR
LEESBURG, FL 34748

Mailing Address
129 LAKE SHORE DR
LEESBURG, FL 34748

FILED

08 OCT 09 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2008

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-5162801

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURNSED, R. DEWEY
1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162

7. Name and Address of New Registered Agent

Name
PAUL BUCHANAN

Street Address (P.O. Box Number is Not Acceptable)

129 Lakeshore Dr.

City
Leesburg

FL

Zip Code
34748

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

PAUL M. BUCHANAN

(NOTE: Registered Agent signature required when reinstating)

9/12/08

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BUCHANA, PAUL M
129 LAKE SHORE DR
LEESBURG, FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BURNSED, R. DEWEY
1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MCLIN, WALTER S III
1000 W MAIN ST
LEESBURG, FL 34748 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600136782836
10/09/08--01047--001 **\$62.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Joyce BUCHANAN
3830 Eagles Nest Rd
Fruitland Park, FL 34731 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Chris Carlyle
1950 Laurel Manor Dr
The Villages, FL 32162 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on attachment with an address, with all other like empowered

SIGNATURE Paul M. Buchanan

9/12/08