

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007012

FILED  
Jan 26, 2009  
Secretary of State

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

**Current Principal Place of Business:**

129 LAKE SHORE DR  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

129 LAKE SHORE DR  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 20-5162801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUCHANAN, PAUL  
129 LAKESHORE DR.  
LEESBURG, FL 34748 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: D ( ) Delete  
Name: BUCHANAN, PAUL M  
Address: 129 LAKE SHORE DR  
City-St-Zip: LEESBURG, FL 34748 D

Title: D ( ) Delete  
Name: BUCHANAN, JOYCE  
Address: 3830 EAGLES NEST RD.  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D ( ) Delete  
Name: CARLYLE, CHRIS  
Address: 1950 LAUREL MANOR DR.  
City-St-Zip: THE VILLAGES, FL 32162

**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:

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: PAUL M. BUCHANAN

D

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date