

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007760

FILED
Apr 29, 2008
Secretary of State

Entity Name: EAGLE PINES OF POLK COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5902 BRECKENRIDGE PKWY STE B
TAMPA, FL 33601

New Principal Place of Business:

Current Mailing Address:

5902 BRECKENRIDGE PKWY STE B
TAMPA, FL 33601

New Mailing Address:

9887 FOURTH STRET NORTH #301
ST. PETERSBURG, FL 33702

FEI Number: 20-8019401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VON DREELE, WAYNE
3993 W. FIRST ST.
SANFORD, FL 32771 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: STERN, PAUL
Address: 5902 BRECKENRIDGE PARKWAY, SUITE B
City-St-Zip: TAMPA, FL 33601

Title: VD () Delete
Name: MILLS, JOHN
Address: 141 EAST CENTRAL AVENUE, SUITE 350
City-St-Zip: WINTER HAVEN, FL 33880

Title: STD () Delete
Name: CARLSON, GREGG
Address: 5902 BRECKENRIDGE PKWY., SUITE B
City-St-Zip: TAMPA, FL 33601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLS, JOHN
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST. PETERSBURG, FL 33702

Title: TD (X) Change () Addition
Name: CARLSON, GREGG
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST. PETERSBURG, FL 33702

Title: SD (X) Change () Addition
Name: CARLSON, GREGG
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST. PETERSBURG, FL 33702

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: JOHN MILLS

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date