2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007760

FILED Feb 12, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

5902 BRECKENRIDGE PKWY STE B 13038 US HWY 41 TAMPA, FL 33601 GIBSONTON, FL 33534

Current Mailing Address: New Mailing Address:

9887 FOURTH STRRET NORTH #301 C/O GARRISON PROPERTY SERVICES, LLC ST. PETERSBURG, FL 33702 P.O. BOX 510

DUNDEE, FL 33838

FEI Number: 20-8019401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VON DREELE, WAYNE GARRISON PROPERTY SERVICES, LLC 3993 W. FIRST ST. 28609 HWY 27 N

SANFORD, FL 32771 US DUNDEE, FL 33838 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: GARRISON PROPERTY SERVICES, LLC 02/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 MILLS, JOHN
 Name:
 MILLS, JOHN

 Address:
 9887 FOURTH STREET NORTH #301
 Address:
 1308 US HWY 41

 City-St-Zip:
 ST. PETERSBURG, FL 33702
 City-St-Zip:
 GIBSONTON, FL 33534

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 CARLSON, GREGG
 Name:
 CARLSON, GREGG

 Address:
 9887 FOURTH STREET NORTH #301
 Address:
 1308 US HWY 41

 City-St-Zip:
 ST. PETERSBURG, FL 33702
 City-St-Zip:
 GIBSONTON, FL 33534

 $\label{eq:title:sde} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$

 Name:
 CARLSON, GREGG
 Name:
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 Address:
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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: GREGG CARLSON S 02/12/2009