2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008902

FILED Apr 14, 2009 Secretary of State

Entity Name: WICKLOW AT TWINEAGLES HOMEOWNERS ASSOCIATION, INC.

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

27499 RIVERVIEW CENTER BOULEVARD SUITE 238 BONITA SPRING, FL 34134

New Mailing Address: Current Mailing Address:

27499 RIVERVIEW CENTER BOULEVARD SUITE 238 BONITA SPRING, FL 34134

FEI Number: 20-5431259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

AVALLONE, FRANCO 27499 RIVERVIEW CENTER BOULEVARD SUITE 238 BONITA SPRINGS, FL 34134 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:

Electronic Signature of Registered Agent

Date

(X) Change () Addition

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete SIMONSON, MARIE-LOUISE LANDRESS, JOHN Name: Name: 5801 PELICAN BAY BLVD. SUITE 600 Address: 10801 CORKSCREW RD. SUITE 421 Address:

City-St-Zip: NAPLES, FL 34108 City-St-Zip: ESTERO, FL 33928

Title: DVP () Delete Title: (X) Change () Addition BRUGGEMAN, MIKE Name: NUNN, WILLY Name:

Address: Address:

5801 PLICAN BAY BLVD.STE 600 10801 CORKSCREW RD. SUITE 421 City-St-Zip: NAPLES, FL 34108 City-St-Zip: ESTERO, FL 33928

Title: DST () Delete Title: DST (X) Change () Addition BERGER, DAYNA Name: LOWRY, ROBERT Name:

5801 PELICAN BAY BLVD. SUITE 600 12075 WICKLOW LANE Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34120

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: FRANCO AVALLONE PM04/14/2009