2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State
02-18-2008 90006 041 ****61.25

DOCUMENT # N06328

1. Entity Name

EAGLE AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
KINGS POINT CLUBHOUSE BANQUET ROOM SUN CITY CENTER FL 33573	P. O. BOX 5813 SUN CITY CENTER FL 33571-5813 US

1st MOORE CR2E037 (10/07)

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 59-2234564 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TERRY ~~TARRY~~, NANCY M 2444 KENSINGTON GREENS SUN CITY CENTER FL 33573-8013	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TERRY, NANCY M 2444 KENSINGTON GREENS SUN CITY CENTER FL 33573-8013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. Don Grozis 1255 Lyndhurst Greens Dr, Sun City Center, FL 33573 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MALINAK, NINA 2424 KENSINGTON GREEN SUN CITY CENTER FL 33573-8040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Sally Sutton 708 Staffordshire Ln. Sun City Center, FL 33573 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABBOTT, IRENE T 1902 NEW BEDFORD DRIVE SUN CITY CENTER FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Sandra Miller 304 Sedgwick Ct. Sun City Center, FL 33573 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KELLEY, BARBARA L 2003 HEREFORD DR. SUN CITY CENTER FL 33573-6353	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Kay Cruikshank 802 McCallister Ave. Sun City Center, FL 33573 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ELLERBROOK, DANA 1166 CORINTH GREEN DR SUN CITY CENTER FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEEPER, ADRIENNE 711 INDIAN WELLS DR SUN CITY CENTER FL 33573	☐ Delete	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 Section 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 an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Lee Kelley 2/6/08 (813)642-8255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #