

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13934

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** EAGLES LANDING NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

14101 TOWN LOOP BLVD  
ORLANDO, FL 32837 US

**New Principal Place of Business:**

**Current Mailing Address:**

14101 TOWN LOOP BLVD  
ORLANDO, FL 32837 US

**New Mailing Address:**

**FEI Number:** 59-2864044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, ROBERT L  
850 CONCOURSE PARKWAY SOUTH  
SUITE 105  
MAITLAND, FL 32751 US

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

TAYLOR, ROBERT L  
150 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714 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: \_\_\_\_\_

01/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: KLEPK, MICHAEL  
Address: 14630 EAGLES CROSSING DR  
City-St-Zip: ORLANDO, FL 32837

Title: DP ( ) Delete  
Name: EDWARDS, MAUREEN  
Address: 14636 EAGLES CROSSING DR  
City-St-Zip: ORLANDO, FL 32837

Title: DV ( ) Delete  
Name: MUNOZ, SKIP  
Address: 14637 EAGLES CROSSING DR  
City-St-Zip: ORLANDO, FL 32837

**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: MAUREEN EDWARDS

DP

01/14/2009

Electronic Signature of Signing Officer or Director

Date