2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N15748

Entity Name: THE VILLAS AT EATONS BEACH INCORPORATED

Current Principal Place of Business:

15790 SE. 134TH AVE.
WEIRSDALE, FL 32195

New Principal Place of Business:

Current Mailing Address:

27619 NW 182ND AVE
HIGH SPRINGS, FL 32643 US

New Mailing Address:

27619 NW 182ND AVENUE
HIGH SPRINGS, FL 32643 US

FEI Number: 59-2839752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPENCER, DAVID
27619 NW 182ND AVENUE
HIGH SPRINGS, FL 32643 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:	STD	( ) Delete
Name:	SPENCER, DAVID	
Address:	27619 NW 182 AVE	
City-St-Zip:	HIGH SPRINGS, FL 32643	
Title:	D	( ) Delete
Name:	KING, JIM DR	
Address:	PO BOX 116 N/A	
City-St-Zip:	BALSOM, NC 287070116	
Title:	VPD	( ) Delete
Name:	MOSELEY, HARRY	
Address:	2005 WEST RD	
City-St-Zip:	JAX, FL 32216	
Title:	D	( ) Delete
Name:	BELL, ESTHER	
Address:	PO BOX 2307	
City-St-Zip:	CARROLLTON, GA 30117	
Title:	P	( ) Delete
Name:	WILLIAMSON, RICK	
Address:	3101 LA RESERVE DRIVE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	

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:	
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: DAVID SPENCER STD 04/07/2009

Electronic Signature of Signing Officer or Director — Date