


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90282 031 \*\*\*\*61.25

<b>DOCUMENT # N25390</b>			
1. Entity Name <b>EAGLE'S LANDING OF WINTER HAVEN HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>EAGLES LANDING WINTER HAVEN, FL 33881 US</b>		Mailing Address <b>P.O. BOX 227 LAKE ALFRED, FL 33850 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MAYNARO, PARTICIA D 12 PILOT PL WINTER HAVEN, FL 33881</b>		7. Name and Address of New Registered Agent Name <b>TATELMAN VICTOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>208. AVIATION DR</b> City <b>WINTER HAVEN.</b> FL Zip Code <b>33881</b>	
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 <u><i>Victor W. Tatelman</i></u> <b>VICTOR W. TATELMAN</b> <b>MAR. 20, 2006</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE</small>			
Filing Fee is <b>\$81.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD RICHARDSON, EARLE 65 PILOT PL WINTER HAVEN, FL 33881</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WILLIAM MAYNARD 12 PILOT PLACE WINTER HAVEN. FL 33881</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MAYNARD, PATRCEIA D 12 PILOT PL WINTER HAVEN, FL 33881</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VICTOR TATELMAN 208 AVIATION DR WINTER HAVEN. FL 33881</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CHORCHIAN, LARRY 23 AVIATION DR WINTER HAVEN, FL 33881</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ROBERT CHASE 10. PILOT PL WINTER HAVEN. FL 33881</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERNACHE, JOHN 202 AVIATION DRIVE WINTER HAVEN, FL 33881</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LORRY CHORCHIAN 23 AVIATION DR WINTER HAVEN. FL 33881</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, LORI 11 AVIATION DR WINTER HAVEN, FL 33881</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LORI BROWN 11 AVIATION DR WINTER HAVEN FL 33881</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>William Maynard</i></u> <b>W. H. MAYNARD</b> <b>Treas.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-5-06 863-299-0558</b> <small>Date Daytime Phone #</small>	

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