

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N25390

1. Entity Name
**EAGLE'S LANDING OF WINTER HAVEN HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**EAGLES LANDING
WINTER HAVEN, FL 33881 US**

Mailing Address
**P.O. BOX 227
LAKE ALFRED, FL 33850 US**



01062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TATELMAN, VICTOR
208 AVIATION DR
WINTER HAVEN, FL 33881**

**DO NOT WRITE
IN THIS SPACE**

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 *Victor W. Tatelman* **Victor W. Tatelman** **January 7, 2008**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAYNARD, WILLIAM
STREET ADDRESS 12 PILOT PL
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE PD
NAME TATELMAN, VICTOR
STREET ADDRESS 208 AVIATION DR
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE SD
NAME CHASE, ROBERT
STREET ADDRESS 10 PILOT PL
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME CHARCHIAN, LARRY
STREET ADDRESS 23 AVIATION DR
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME BROWN, LORI
STREET ADDRESS 11 AVIATION DR
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000776674
01/09/08-80034-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Victor W. Tatelman* **Victor W. Tatelman** **January 7, 2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #