

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25390

FILED
Jan 08, 2009
Secretary of State

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

Current Principal Place of Business:

EAGLES LANDING
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 227
LAKE ALFRED, FL 33850 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BERNACHE, JOHN
202 AVIATION DR
WINTER HAVEN, FL 33881 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: JOHN BERNACHE

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAYNARD, WILLIAM
Address: 12 PILOT PL
City-St-Zip: WINTER HAVEN, FL 33881

Title: PD () Delete
Name: TATELMAN, VICTOR
Address: 208 AVIATION DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD () Delete
Name: CHASE, ROBERT
Address: 10 PILOT PL
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: CHARCHIAN, LARRY
Address: 23 AVIATION DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: BROWN, LORI
Address: 11 AVIATION DR
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BERNACHE, JOHN
Address: 202 AVIATION DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD (X) Change () Addition
Name: LERNER, BEVERLY
Address: 65 PILOT PL
City-St-Zip: WINTER HAVEN, FL 33881

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: WILLIAM MAYNARD

TREA

01/08/2009

Electronic Signature of Signing Officer or Director

Date