

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25775

FILED
Jan 08, 2009
Secretary of State

Entity Name: BYRNWYCK VILLAGE AT THE EAGLES, INC.

Current Principal Place of Business:

16301 BYRNWYCK LN
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

16301 BYRNWYCK LN
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-2900629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERBY, BRUCE
16301 BYRNWYCK LN
ODESSA, FL 33556 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: P () Delete
Name: DERBY, BRUCE
Address: 16301 BYRNWYCK LN
City-St-Zip: ODESSA, FL 33556

Title: V () Delete
Name: APPLGARTH, CHANNING
Address: 12717 BENTY WAY
City-St-Zip: ODESSA, FL 33556

Title: T () Delete
Name: HARE, SUSAN
Address: 12715 BENTY WAY
City-St-Zip: ODESSA, FL 33556

Title: S () Delete
Name: TRAVA, BETTY
Address: 12708 BENTY WAY
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: PTOMEY, DICK
Address: 12716 BENTY WAY
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: JEFFORDS, PATTY
Address: 12707 BENTY WAY
City-St-Zip: ODESSA, FL 33556

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:

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: SUSAN HARE

T

01/08/2009

Electronic Signature of Signing Officer or Director

Date