

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35875

FILED
Mar 25, 2008
Secretary of State

Entity Name: EAGLES LANDING OFFICE CENTER PROPERTY OWNERS ASSOC., INC.

Current Principal Place of Business:

5727 CANTON COVE.
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

5727 CANTON COVE.
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 59-3071441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEEN, JEFFREY D
781 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

LAURENCE, STEVE
781 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714 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: STEVE LAURENCE

03/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIULIANO, VINCENT
Address: 5732 CANTON COVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP () Delete
Name: DODD, ROBIN
Address: 5700 CANTON COVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S () Delete
Name: COLLINS, FAYE
Address: 5739 CANTON COVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T () Delete
Name: STERLING, ALICE
Address: 5727 CANTON COVE
City-St-Zip: WINTER SPRINGS, FL 32708

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:

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: ALICE STERLING

T

03/25/2008

Electronic Signature of Signing Officer or Director

Date