

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 16, 2009  
Secretary of State**

DOCUMENT# N35875

**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:**

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

02/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date