2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N44151** May 30, 2000 8:00 am Secretary of State EAGLE WATCH HOMEOWNERS' ASSOCIATION, INC. 05-30-2000 90417 008 ****61.25 Principal Place of Business Mailing Address 8925 EAGLE WATCH P.O. BOX 2934 RIVERVIEW FL 33569 RIVERVIEW FL 33568-2934 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3081273 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LAWRENCE, MICHAEL 8806 EAGLE WATCH DR. RIVERVIEW FL 33569 City Zip Code 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25 Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Addition TITLE TD Delete TITLE ☐ Change NAME MARVIN, JEANA D NAME Deboran Hayden BBOZ Eagle Water Drive STREET ADDRESS STREET ADDRESS 8926 EAGLE WATCH DR. CITY-ST-ZIP CITY-ST-ZIP <u>Riverview</u>i, FL 33569 RIVERVIEW FL 33567 Delete Vice President Change TITLE NAME LAWRENCE, MICHAEL NAME Bruce Williams 8916 Eagle Watch Drive STREET ADDRESS 8806 EAGLE WATCH DR STREET ADDRESS RNerview, FL CITY-ST-ZIP CITY-ST-7IP **RIVERVIEW FL 33569** Change TITLE VD ☐ Delete TITLE President ☐ Addition NAME DYER, MARGARET NAME STREET ADDRESS 8922 EAGLE WATCH DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RIVERVIEW FL 33569** Secretary Denise Cwik Delete SD ☐ Change Addition TITLE TITLE **BOEGLER, KELLY** NAME NAME BBOY Cross Landing Lane Riverview, FL STREET ADDRESS 8904 EAGLE WATCH DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RIVERVIEW FL 33569** ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Borah Hayden4/24/2000

SIGNATURE: