

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90610 023 ****61.25

0057438

DOCUMENT # N44151

1. Entity Name

EAGLE WATCH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8925 EAGLE WATCH
 RIVERVIEW FL 33569
 US

P.O. BOX 2934
 RIVERVIEW FL 33569
 US

00044340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3081273

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE, MICHAEL
 8806 EAGLE WATCH DR.
 RIVERVIEW FL 33569

Name **Donald Campbell**

Street Address (P.O. Box Number is Not Acceptable)

8801 Crosswood Court

City **Riverview**

FL

Zip Code **33569**

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

Donald W Campbell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/01

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
 NAME **MARVIN, JEANA D**
 STREET ADDRESS **8926 EAGLE WATCH DR.**
 CITY-ST-ZIP **RIVERVIEW FL 33567**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Hayden, Deborah J.**
 STREET ADDRESS **8802 Eagle Watch Drive**
 CITY-ST-ZIP **Riverview, FL 33569**

TITLE **PD** ☐ Delete
 NAME **LAWRENCE, MICHAEL**
 STREET ADDRESS **8806 EAGLE WATCH DR**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Williams, Bruce**
 STREET ADDRESS **Riverview, FL 33569**

TITLE **VD** ☐ Delete
 NAME **DYER, MARGARET**
 STREET ADDRESS **8922 EAGLE WATCH DR**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Campbell, Donald**
 STREET ADDRESS **Riverview, FL 33569**

TITLE **SD** ☐ Delete
 NAME **BOEGLER, KELLY**
 STREET ADDRESS **8904 EAGLE WATCH DR.**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Dennison, Mary Jane**
 STREET ADDRESS **Riverview, FL 33569**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE: *Deborah Hayden* **3/5/01** **813-671-0625**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)