

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90032 044 ****61.25

DOCUMENT # N44151

1. Entity Name

EAGLE WATCH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**8925 EAGLE WATCH
RIVERVIEW FL 33569
US**

Mailing Address

**P.O. BOX 2934
RIVERVIEW FL 33569
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3081273

Applied For
Not Applicable

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

**HOEFLE, EDWARD
8912 EAGLE WATCH DR.
RIVERVIEW FL 33569**

Name

Phil Nelson

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

8804 Crosswood Ct

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Phil Nelson, President

18 Mar 2005

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **ROSE, BONNIE**
STREET ADDRESS **8926 EAGLE WATCH DR**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **NELSON, PHIL**
STREET ADDRESS **8804 CROSSWOOD CT.**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **BRIGGS, MICHELLE**
STREET ADDRESS **8812 CROSS LANDING**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **TD** ☐ Change ☒ Addition
NAME **ANNE Haggerty**
STREET ADDRESS **8807 Eagle Watch Dr**
CITY-ST-ZIP **Riverview FL 33569**

TITLE **PD** ☒ Delete
NAME **HOEFLE, EDWARD**
STREET ADDRESS **8912 EAGLE WATCH DR.**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **VD** ☐ Change ☒ Addition
NAME **Bill Handley**
STREET ADDRESS **8914 Eagle Watch Dr**
CITY-ST-ZIP **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:

[Signature]

ANNE Haggerty

3-17-05

813 472 9484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #