

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48699

FILED
Feb 02, 2009
Secretary of State

Entity Name: EAGLE LAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

WOODLAND BEND CIR
FT. MYERS, FL 33919 US

New Principal Place of Business:

WOODLAND BEND CIR
EAGLE LAKE ESTATES-HOA
FT. MYERS, FL 33919 US

Current Mailing Address:

P.O. BOX 07482
FT. MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0330807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOSEPH E ESQ
% BECKER & POLIAKOFF, P.A.
14241 METROPOLIS AVENUE, SUITE 100
FORT MYERS, FL 33912 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: TREA () Delete
Name: ZIMMERMAN, HYMAN
Address: 7726 WOODLAND BEND CIRCLE
City-St-Zip: FT. MYERS, FL 33912

Title: V.P () Delete
Name: LINDHOLM, GREGORY
Address: 7631 WOODLAND BEND CIRCLE
City-St-Zip: FT MYERS, FL 33912

Title: PRES () Delete
Name: ZYDERVELD, JACKIE
Address: 7515 WOODLAND BEND CIRCLE
City-St-Zip: FT MYERS, FL 33912

Title: SECR () Delete
Name: CASON, WILLIAM
Address: 7753 WOODLAND BEND CIR
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Delete
Name: VANDERBOSCH, JOHN
Address: 14511 WOODLAND NEST CT
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: LAWSON, BRIAN D
Address: 7516 WOODLAND BEND CIRCLE
City-St-Zip: FT. MYERS, FL 33912

Title: SEC (X) Change () Addition
Name: OPP, ELAINE
Address: 7741 WOODLAND BEND CIRCLE
City-St-Zip: FT MYERS, FL 33912

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BEALL, KENNETH
Address: 7606 WOODLAND BEND CIRCLE
City-St-Zip: FORT MYERS, FL 33912

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: BRIAN D. LAWSON

TREA

02/02/2009

Electronic Signature of Signing Officer or Director

Date