2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90562 010 ****61.25

DOCUMENT # N50963

1. Entity Name
EAGLE'S CREEK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
463499 STATE ROAD 200 YULEE, FL 32097 US	PO BOX 1987 YULEE, FL 32041 US

04052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
4003 Hartley Rd	Signature Realty & Mgt Inc
Suite, Apt. #, etc.	Suite, Apt. #, etc. 4003 Hartley RD
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32257 Country:	Zip: 32257 Country:

4. FEI Number: 59-3203215 ☐ 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
POWELL, TERRELL J 2215 E. STATE ROAD 200 YULEE, FL 32097	Name: Bryan Cantrell Street Address (P.O. Box Number is Not Acceptable): Signature Realty & Mgt, Inc 4003 Hartley Rd City: Jacksonville FL Zip Code: 32257

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] 4/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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: PD NAME: ARNOLD, CHARLES W III STREET ADDRESS: 3020 HARTLEY RD. STE 100 CITY-ST-ZIP: JACKSONVILLE, FL 32257	☒ Delete	TITLE: PD: NAME: Brizedine, Judy STREET ADDRESS: 1249 Soaring Flight Way CITY-ST-ZIP: Jacksonville, FL 32225	☒ Change ☐ Addition
TITLE: VD NAME: COX, ELLIE STREET ADDRESS: 3020 HARTLEY RD STE 100 CITY-ST-ZIP: JACKSONVILLE, FL 32257	☒ Delete	TITLE: SD: NAME: Adkins, Morris STREET ADDRESS: 12324 Ashville Lane CITY-ST-ZIP: Jacksonville, FL 32225	☒ Change ☐ Addition
TITLE: D NAME: WILSON, ERIK H STREET ADDRESS: 3020 HARTLEY ROAD SUITE 100 CITY-ST-ZIP: JACKSONVILLE, FL 32257	☒ Delete	TITLE: D NAME: Johnson, Tim STREET ADDRESS: 1182 Blue Eagle Drive CITY-ST-ZIP: Jacksonville, FL. 32225	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	~~VPD: Hart, Barry~~ ~~[illegible]~~ ~~Jacksonville, FL 32225~~	~~Change~~ ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: TD: NAME: Creswell, Yvonne STREET ADDRESS: 1100 Waterfall Dr CITY-ST-ZIP: Jacksonville, FL 32225	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

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] Judith C. Brizendine President 904 306-9650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #