

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90193 034 ****61.25

DOCUMENT # N94000000055					
1. Entity Name EAGLE'S LANDING PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4253 COVERED CREEK CT JACKSONVILLE, FL 32277 US			Mailing Address 4253 COVERED CREEK CT JACKSONVILLE, FL 32277 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3468372	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RUNYAN, MICHAEL 4253 COVERED CREEK CT JACKSONVILLE, FL 32277				7. Name and Address of New Registered Agent Name <i>NA</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zio 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Michael C. Runyan</i> <i>Michael C. Runyan</i> <i>4-14-07</i> <small>Signature, typed or printed name of registered agent and if applicable, NOTE: Registered Agent signature required when constitutional DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	PD RUNYAN, MICHAEL 4253 COVERED CREEK CT JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CARSILLO, PETER 5995 COVERED CREEK LANE JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <i>Bruce Whorton</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6018 Winding Bridge Dr.</i> <i>Jacksonville, FL 32277</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T QUINN, WENDY 5918 COVERED CREEK LN. JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUNYAN, MARY 4253 COVERED CREEK CT. JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Michael C. Runyan</i> <i>President</i> <i>4-14-07</i> <i>904-745-1735</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					