

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000055

FILED
Apr 06, 2009
Secretary of State

Entity Name: EAGLE'S LANDING PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4253 COVERED CREEK CT
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

5995 COVERED CREEK LN
JACKSONVILLE, FL 32277 US

Current Mailing Address:

4253 COVERED CREEK CT
JACKSONVILLE, FL 32277 US

New Mailing Address:

5995 COVERED CREEK LN
JACKSONVILLE, FL 32277 US

FEI Number: 59-3468372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUNYAN, MICHAEL
4253 COVERED CREEK CT
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

WATERS, WALTER
5995 COVERED CREEK LN
JACKSONVILLE, FL 32277 US

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: WALTER R WATERS

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUNYAN, MICHAEL
Address: 4253 COVERED CREEK CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Delete
Name: WHORTON, BRUCE
Address: 6018 WINDING BRIDGE DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: T () Delete
Name: QUINN, WENDY
Address: 5918 COVERED CREEK LN.
City-St-Zip: JACKSONVILLE, FL 32277

Title: S () Delete
Name: RUNYAN, MARY
Address: 4253 COVERED CREEK CT.
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WHORTON, BRUCE
Address: 6018 WINDING BRIDGE DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP (X) Change () Addition
Name: KARGBO, MICHELLE
Address: 5988 COVERED CREEK LN
City-St-Zip: JACKSONVILLE, FL 32277

Title: T (X) Change () Addition
Name: WATERS, WALTER
Address: 5995 COVERED CREEK LN
City-St-Zip: JACKSONVILLE, FL 32277

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: WALTER R WATERS

T

04/06/2009

Electronic Signature of Signing Officer or Director

Date