2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 29, 2008 8:00 am Secretary of State

.=. A	ANNUAL REPORT		
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DOCUMENT # N9400005493 1. Entity Name EAGLE ISLE HOMEOWNERS ASSOCIATION, INC.							04-29-2008 90096 033 ****70.00						
Principal Place of Business 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 Mailing Address 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 US						- 1 (8 H) (1 A			16) 61 8 6))][[4] 6]6	MIII DI 1700.		
Principal Place of Business - No P.O. Box # Mailing Address													
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				03122008	Chg-NP	ı	CR2E0	37 (12/06)	
City & State		Ci	City & State				4. FEI Numb 65-054				1	oplied For ot Applicable	
Zip	Zip Country		Zij	Zip Cou		ntry		5. Certificate	of Status D	esired	M	\$8.75 Ad Fee Require	
	6. Name	and Address of Curren	t Registere	ed Agent		Name		7. Name and	d Address o	f New Re	gistered	Agent	
	K. ISAACS	ON, EMENT COMPANY.	INC		-		drose (C	O Box Numb	or in Not Ac				
21045 CO	MMERCIA		INC.		-	Street Address (P.O. Box Number is Not Acceptable)							
BOUA KA	ION, FL 3	3466-1006			-	City			•			Zip Cod	le
8. The above	named entity	y submits this statement f	for the purp	ose of changing its r	egistered	d office or re	registere	ed agent, or bo	oth, in the Sta	te of Flor	FL ida. Lam	familiar with	and accept
the obligat	tions of registe	ered agent.			_								
SIGNATURE					_								
	Signature benedi												
	Signature, typeo	or printed name of registered agen	nt and title if app	blicable. (NOTE:	Registered	Agent signature	e required i	when reinstating)			DATE		
	Filing Fee	e is \$61.25	nt and title if app	9. Election Cam Trust Fund Co	paign Fir	nancing		\$5.00 May E Added to Fees	Be .		ke checi	operation of statement of st	
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indicated on this report or supptemental 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 receives 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR