

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90072 001 ****61.25

0014046

DOCUMENT # N95000001207

1. Entity Name

EAGLE HEIGHTS HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

**158 BRAD CIRCLE
WINTER HAVEN FL 33880**

Mailing Address

**158 BRAD CIRCLE
WINTER HAVEN FL 33880**

2. Principal Place of Business

136 Brad Circle

3. Mailing Address

136 Brad Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number **59-3371400**

Applied For

Not Applicable

Zip

33880

Country

USA

Zip

33880

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MITCHELL, ANGELA
158 BRAD CIRCLE
WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

Name **Ella Rice**

Street Address (P.O. Box Number is Not Acceptable)

136 Brad Circle

City

Winter Haven

FL

Zip Code

33880

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

Angela N. Mitchell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/23/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

| | | |
|----------------|------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MITCHELL, ANGELA | |
| STREET ADDRESS | 158 BRAD CIRCLE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | ARNOLD, DAN | |
| STREET ADDRESS | 104 BRAD CIRCLE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | RICE, ELLA | |
| STREET ADDRESS | 136 BRAD CIRCLE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RICE, JEROME | |
| STREET ADDRESS | 136 BRAD CIRCLE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Angela N. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/03

863-599-6775

Date

Daytime Phone #

CR2E037 (4/03)