

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001491

FILED
Apr 23, 2009
Secretary of State

Entity Name: EAGLE CAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O CAMPBELL PROPERTY MGMT
1215 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

C/O CAMPBELL PROPERTY MGMT
1215 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 65-0613426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACHS, SAK & KLEIN P.A.
NORTHERN TRUST PLAZA STE 4150
301 YAMATO RD
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FREEHLING, VIVIAN
Address: 5216 EAGLE CAY PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD () Delete
Name: PEREZ, MONICA
Address: 5212 EAGLE CAY PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: SPENCER, JILL
Address: 5837 EAGLE CAY LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: BULTER, AL
Address: 5837 EAGLE CAY LANE
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VIVIAN FREEHLING

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date