

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 21, 2011
Secretary of State

DOCUMENT# N95000001491

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:**C/O INTEGRITY PROPERTY MGT.
5665 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076**Current Mailing Address:**C/O CAMPBELL PROPERTY MGMT
1215 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441**New Mailing Address:**C/O INTEGRITY PROPERTY MGT.
5665 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076**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:**INTEGRITY PROPERTY MGT.
5665 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076 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: JOHN C WHITTLE

09/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SOLANET, FELIPE
Address: 5665 CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: VPD
Name: HERNANDEZ, LEONOR
Address: 5665 CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: D
Name: CLARDY, MARGARET
Address: 5665 CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: TD
Name: REDMIN, KIMBERLY
Address: 5665 CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: D
Name: FREEHLING, VIVIAN
Address: 5665 CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33073 US

I hereby 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 all other like empowered.

SIGNATURE: FELIPE SOLANET

PD

09/21/2011

Electronic Signature of Signing Officer or Director

Date