

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002283

FILED
Feb 23, 2009
Secretary of State

Entity Name: EAGLE'S POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

390 WEST STATE RD. 434
SUITE 203
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

PO BOX 197043
WINTER SPRINGS, FL 32719

New Mailing Address:

FEI Number: 59-3364751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERSTON LLC
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 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: DP () Delete
Name: HARRINGTON, BRIAN
Address: 1171 OAK CREEK CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DT () Delete
Name: STEIN, ELLEN
Address: 1193 EAGLES WATCH TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DV () Delete
Name: HEALEY, OCTIVE
Address: 1188 EAGLES WATCH TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: ANDERSON, JAN
Address: 1191 OAK CREEK COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD () Delete
Name: MARTIN, RAY
Address: 1186 OAK CREEK CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DS () Delete
Name: GRIEVE, DAVE
Address: 1195 OAK CREEK COURT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: HARRINGTON, BRIAN
Address: 1171 OAK CREEK CT
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: D (X) Change () Addition
Name: HEALEY, OCTIVE
Address: 1188 EAGLES WATCH TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Change () Addition
Name: HARTLEY, MIKE
Address: 1199 OAK CREEK COURT
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: DP (X) Change () Addition
Name: GRIEVE, DAVE
Address: 1195 OAK CREEK COURT
City-St-Zip: WINTER SPRINGS, FL 32708

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: DAVE GRIEVE

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date