

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90017 037 ****61.25

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01152007 Chg-NP CR2E037 (12/06)

DOCUMENT # N95000004542 1. Entity Name EAGLE TRACE LANDING HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 953 UNIVERSITY DR CORAL SPRINGS, FL 33071 US			Mailing Address % INTEGRITY PROPERTY MANAGMENT, INC. PO BOX 8726 CORAL SPRINGS, FL 33075		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0655372	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
INTEGRITY PROPERTY MANAGEMENT 953 UNIVERSITY DR CORAL SPRINGS, FL 33071			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, BOB		NAME		
STREET ADDRESS	1521 NW 121ST DRIVE		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33071		CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNETT, LIONEL		NAME		
STREET ADDRESS	1505 NW 121 DR.		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33071		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTHOLOMEW, SHELLEY		NAME		
STREET ADDRESS	1533 NW 121 DR		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33071		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPP, MERLE		NAME		
STREET ADDRESS	1513 NW 121 DR		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33071		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	TD Lois Perl	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Merle Stepp</i></u> <u><i>Merle L. Stepp</i></u> <u><i>1-24-07</i></u> <u><i>954-753-9490</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					