


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90129 010 \*\*\*\*61.25

<b>DOCUMENT # N95000005649</b> 1. Entity Name <b>EAGLE GLEN HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3376 ASPEN FOREST DR MIDDLEBURG, FL 32068</b>			Mailing Address <b>PO BOX 2437 MIDDLEBURG, FL 32068</b>		
2. Principal Place of Business <b>3218 GRAND TETON DR.</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>MIDDLEBURG, FL.</b> Zip <b>32068-4267</b>		Country <b>CLAY</b>		4. FEI Number <b>59-3369481</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>ROCKWELL, KEVIN K 3376 ASPEN FOREST DR MIDDLEBURG, FL 32068</b>					
7. Name and Address of New Registered Agent Name <b>MARTINSON, THOMAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>3218 GRAND TETON DR.</b> City <b>MIDDLEBURG</b> FL <b>32068</b>					
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 <i>Thomas A. Martinson</i> DATE <b>3/24/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PT ROCKWELL, KEVIN K	<input checked="" type="checkbox"/> Delete	TITLE	PT MARTINSON, THOMAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3376 ASPEN FOREST DR		STREET ADDRESS	3218 GRAND TETON DR.	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	MIDDLEBURG, FL 32068-4267	
TITLE	VT MARTINSON, TOM	<input checked="" type="checkbox"/> Delete	TITLE	VT PIZZI, MARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3218 GRAND TETON DRIVE		STREET ADDRESS	3363 ASPEN FOREST DR.	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	ST DOWLING, MARGIE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3384 ASPEN FOREST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	T BUTLER, ZANE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3230 GRAND TETON DR.		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: <i>Thomas A. Martinson</i> <b>Thomas A. MARTINSON</b> DATE <b>3/24/05</b> DAYTIME PHONE # <b>904-269-6308</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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