

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000005649**

1. Entity Name  
**EAGLE GLEN HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**3218 GRAND TETON DR  
MIDDLEBURG, FL 32068 US**

Mailing Address  
**PO BOX 2437  
MIDDLEBURG, FL 32068**



03302006 No Chg-NP

CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3369481**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MARTINSON, THOMAS  
3218 GRAND TETON DR  
MIDDLEBURG, FL 32068**

**DO NOT WRITE  
IN THIS SPACE**

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000433253  
04/15/06-80099-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PT  
MARTINSON, THOMAS  
3218 GRAND TETON DR  
MIDDLEBURG, FL 320684267**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VT  
PIZZI, MARY  
3363 ASPEN FOREST DR  
MIDDLEBURG, FL 32068**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**ST  
DOWLING, MARGIE  
3384 ASPEN FOREST DRIVE  
MIDDLEBURG, FL 32068**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
BUTLER, ZANE  
3230 GRAND TETON DR.  
MIDDLEBURG, FL 32068**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Thomas B. Martinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/06 904-291-0683**  
Date Daytime Phone