

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005649

FILED  
Jan 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3218 GRAND TETON DR  
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 65697  
ORANGE PARK, FL 32065

**New Mailing Address:**

**FEI Number:** 59-3369481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTINSON, THOMAS  
3218 GRAND TETON DR  
MIDDLEBURG, FL 32068 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: PT ( ) Delete  
Name: MARTINSON, THOMAS  
Address: 3218 GRAND TETON DR  
City-St-Zip: MIDDLEBURG, FL 320684267

Title: VT ( ) Delete  
Name: MOLER, ED  
Address: 3330 ASPEN FOREST DR  
City-St-Zip: MIDDLEBURG, FL 32068

Title: ST ( ) Delete  
Name: DOWLING, MARGIE  
Address: 3384 ASPEN FOREST DRIVE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: T ( ) Delete  
Name: MARTINSON, LORETTA  
Address: 3218 GRAND TETON DR.  
City-St-Zip: MIDDLEBURG, FL 32068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: THOMAS MARTINSON

PT

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date