

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90082 043 \*\*\*\*61.25

<b>DOCUMENT # N97000001135</b>					
<b>1. Entity Name</b> <b>EAGLES LANDING HOMEOWNERS ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> 2400 S FEDERAL HIGHWAY STUART, FL 34994			<b>Mailing Address</b> 2400 S FEDERAL HIGHWAY STUART, FL 34994		
<b>2. Principal Place of Business</b> 9311 SW EAGLES LANDING		<b>3. Mailing Address</b> 9311 SW EAGLES LANDING			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> STUART, FL		<b>City &amp; State</b> STUART, FL		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 34997		<b>Country</b> MARTIN		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TUCKER, JERRY 9311 SW EAGLES LANDING STUART, FL 34997			<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____		
<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.</b>					
<b>SIGNATURE</b> <span style="float: right;">2/1/05</span> <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</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> 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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> TUCKER, JERRY 9311 SW EAGLES LANDING STUART, FL 34997		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> TUCKER, SUSAN 9311 SW EAGLES LANDING STUART, FL 34997		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> SCOTT, JAMES 453 PARLANGE DR. PEARL RIVER, LA 70452		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT</b> JOYCE KENNEDY 9407 SW EAGLES LANDING STUART, FL 34997	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			2/1/05 (772) 288-3234 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					