


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

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90017 029 ****61.25

DOCUMENT # N97000001135 1. Entity Name EAGLES LANDING HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 9311 SOUTHWEST EAGLES LANDING STUART, FL 34994	Mailing Address 9311 SOUTHWEST EAGLES LANDING STUART, FL 34994
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DO NOT WRITE IN THIS SPACE

02202006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, JERRY
9311 SW EAGLES LANDING
STUART, FL 34997

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, JERRY 9311 SW EAGLES LANDING STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUCKER, SUSAN 9311 SW EAGLES LANDING STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNEDY, JOYCE 9407 SOUTHWEST EAGLES LANDING STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Susan S. Tucker SUSAN S. TUCKER 2/20/06 772-288-3234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #