


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003309 1. Entity Name EAGLE LAKE HOMEOWNERS ASSOCIATION OF MELBOURNE, INC.		
Principal Place of Business 4277 MOUNT CARMEL LANE MELBOURNE, FL 32901	Mailing Address P. O. BOX 60044 PALM BAY, FL 32906-0044	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent HEISE, ROBERT 4277 MOUNT CARMEL LANE MELBOURNE, FL 32901		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Filing Fee is \$61.25 Due by May 1, 2006 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%; text-align: right;"> DATE _____ </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	HEISE, ROBERT	
STREET ADDRESS	4277 MOUNT CARMEL LANE	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	VD	
NAME	DALLUGE, ALBERT	
STREET ADDRESS	4257 MOUNT CARMEL LANE	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	SD	
NAME	STEGE, CHRIS	
STREET ADDRESS	4387 MOUNT CARMEL LANE	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	TD	
NAME	ALEXANDER, LEONARD	
STREET ADDRESS	4267 MOUNT CARMEL LANE	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <i>Leonard Alexander</i> LEONARD ALEXANDER		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%;"> <small>Date</small> 1/9/06 </div> <div style="width: 20%;"> <small>Daytime Phone #</small> 321-768-66 </div> </div>		



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3481808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/12/06-80052-007 61.25

DO NOT WRITE IN THIS SPACE