

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90003 035 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 4257 MOUNT CARMEL LANE		3. Mailing Address Suite, Apt. #, etc.	
City & State MELBOURNE, FL		City & State	
Zip 32901		Country	
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	
6. Name and Address of Current Registered Agent HEISE, ROBERT 4277 MOUNT CARMEL LANE MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name DALLUGE, ALBERT Street Address (P.O. Box Number is Not Acceptable) 4257 MOUNT CARMEL LANE City MELBOURNE FL Zip Code 32901	
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 <u><i>Albert H. Dalluge</i></u> 2/24/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD HEISE, ROBERT <input checked="" type="checkbox"/> Delete	TITLE	PD DALLUGE, ALBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEISE, ROBERT	NAME	DALLUGE, ALBERT
STREET ADDRESS	4277 MOUNT CARMEL LANE	STREET ADDRESS	4267 MOUNT CARMEL LANE
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	VD DALLUGE, ALBERT <input checked="" type="checkbox"/> Delete	TITLE	VD BRANAS, STEVEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLUGE, ALBERT	NAME	BRANAS, STEVEN
STREET ADDRESS	4257 MOUNT CARMEL LANE	STREET ADDRESS	4266 MOUNT CARMEL LANE
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	SD STEGER, CHRIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEGER, CHRIS	NAME	
STREET ADDRESS	4387 MOUNT CARMEL LANE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP	
TITLE	TD ALEXANDER, LEONARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, LEONARD	NAME	
STREET ADDRESS	4267 MOUNT CARMEL LANE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u><i>Leonard Alexander</i></u> LEONARD ALEXANDER 2-26-07 768-6604 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			