

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90181 034 ****61.25

DOCUMENT # N97000004865					
1. Entity Name EAGLES' RETREAT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business: 267 N. COLLIER BLVD STE. 201 MARCO ISLAND, FL 34145 US			Mailing Address P.O. BOX 1454 MARCO ISLAND, FL 34146 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3466911	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATAS, DENISE A 267 N. COLLIER BLVD., STE 201 MARCO ISLAND, FL 34145			Name <u>PPM, LLC</u> Street Address (P.O. Box Number is Not Acceptable) <u>267 N. Collier Blvd</u> Suite <u>201</u> City <u>Marco Island, FL</u> Zip Code <u>34145</u>		
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>Barbara N. Berbeck</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>Apr 12, 2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PTD NAME HAHN, CAROL STREET ADDRESS 1136 BALD EAGLE DR. #201 CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE Secretary/Treasurer NAME Carol Hahn STREET ADDRESS 1136 Bald Eagle Dr. 201 CITY-ST-ZIP Marco Island, FL- 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME PLUCINSKI, DONALD STREET ADDRESS 833 EDGE PARK DRIVE CITY-ST-ZIP HADDONFIELD, NJ 08033	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BARDA, VITA STREET ADDRESS P.O. BOX 966 CITY-ST-ZIP WHEELING, IL 60090	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE TAMARA MOORE NAME President STREET ADDRESS 1136 Bald Eagle Dr. 202 CITY-ST-ZIP Marco Island, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Carol A. Hahn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/17/06</u> <small>Daytime Phone #</small>		