

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004865

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: EAGLES' RETREAT CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

950 N. COLLIER BLVD.  
420  
MARCO ISLAND, FL 34145 US

## Current Mailing Address:

P.O.BOX 1454  
MARCO ISLAND, FL 34146 US

## New Principal Place of Business:

1136 BALD EAGLE DR.  
302  
MARCO ISLAND, FL 34145 US

## New Mailing Address:

FEI Number: 59-3466911      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEW BEGINNINGS  
950 N. COLLIER BLVD  
SUITE 415  
MARCO ISLAND, FL 34145 US

## Name and Address of New Registered Agent:

COATES, KAREN M PRES.  
1136 BALD EAGLE DR.  
302  
MARCO ISLAND, FL 34145 US

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.

SIGNATURE: KAREN M. COATES

01/13/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: HAHN, CAROL  
Address: 1136 BALD EAGLE DR, # 201  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete  
Name: MONCE, JAMES  
Address: 120 N. GREENWOOD AVE.  
City-St-Zip: PALATINE, IL 60074

Title: P ( ) Delete  
Name: MOORE, TAMOA  
Address: 1136 BALD EAGLE DR, # 202  
City-St-Zip: MARCO ISLAND, FL 34145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: COATES, KAREN M PRES.  
Address: 1136 BALD EAGLE DR, # 302  
City-St-Zip: MARCO ISLAND, FL 34145

Title: V.P. (X) Change ( ) Addition  
Name: PLUCINSKI, DONALD V.PRES.  
Address: 633 S. EDGE PARK DR.  
City-St-Zip: HADDON FIELD, NJ 08033

Title: S/T (X) Change ( ) Addition  
Name: CASTEEL, DOROTHY S/T  
Address: 4415 JACOB GLEEN WAY  
City-St-Zip: LOUISVILLE, KY 40241

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN M. COATES

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date