

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001825

FILED
Aug 04, 2004
Secretary of State**Entity Name:** EAGLE'S RIDGE PHASE II HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**102 EAGLES RIDGE DR
CRAWFORDVILLE, FL 32327 US**New Principal Place of Business:**20 RING TAILED EAGLE DR
CRAWFORDVILLE, FL 32327 US**Current Mailing Address:**102 EAGLES RIDGE DR
CRAWFORDVILLE, FL 32327 US**New Mailing Address:**20 RING TAILED EAGLE DR
CRAWFORDVILLE, FL 32327 US**FEI Number:** 59-3560193**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MAXWELL, JACQUELINE J
102 EAGLES RIDGE DR
CRAWFORDVILLE, FL 32327**Name and Address of New Registered Agent:**CORNELISON JR, JOHN D
20 RING TAILED EAGLE DR
CRAWFORDVILLE, FL 32327

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: JOHN D CORNELISON JR

08/04/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAXWELL, JACQUELINE J
Address: 102 EAGLES RIDGE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: THOMPSON, KEITH
Address: 47 RING TAILED EAGLE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: CORNELISON, JOHN
Address: 20 RING TAILED EAGLE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TD (X) Delete
Name: HAWKINS, SUZANNE
Address: 9 EYRIE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CORNELISON JR, JOHN D
Address: 20 RING TAILED EAGLE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Change () Addition
Name: HENDERSON, CHRIS
Address: 35 RING TAILED EAGLE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Change () Addition
Name: STEVENS, JILL
Address: 17 EYRIE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN D CORNELISON JR

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08/04/2004

Electronic Signature of Signing Officer or Director

Date