2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 26, 2008 8:00 am DOCUMENT # N9900001117 **Secretary of State** 02-26-2008 90011 033 ****61.25 EAGLE LAKE TWO HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 061050 P.O. BOX 061050 PALM BAY FL 32906 PALM BAY FL 32906 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. ≠, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-3562110 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KANE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) **491 BENTON DRIVE** MELBOURNE FL 32901 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or particly caps, of registered agent and the Lacot cause. (NOTE: Registered Agont signasure and ared when registering) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Addition TITLE Delete TITLE ☐ Change KANE, MICHAEL NAME BOISE, EILEEN NAME 491 BENTON DRIVE 3996 MT CARMEL LIN STREET ADDRESS STREET ACCRESS MELBOURNE FL 32901 CITY - ST - ZIP CITY-ST-ZIP MELBOURNE, FL 32901 VD TiTLE Delate TITLE V.D Change X Addition GOOD, DAVID NAME NAME CHRISTMAN, HARRY 485 BENTON DRIVE STREET ADDRESS STREET ADDRESS 631 BENTON OR MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE EL TITLE SD Delete TITLE T, D Addition - - Change WOOD, CARLA HAME NAME WYATT JACK K STREET ADDRESS 4127 MT CARMEL LANE STREET ADDRESS 3937 MT CARMEL LN CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP MELBOURNE, FL TITLE X Delete TITLE ☐ Change Addition DAVIS, WILLIAM H NAME MAME STREET ADDRESS 511 CRESTON COURT STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WHITE, DONALD MARIE 570 BENTON DRIVE STREET ADORESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP City-St-ZiP TITLE Delete TITLE ☐ Change Addition DAVIS, TRISHA NAME MAME 510 BENTON DRIVE STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE: Sack K WYATT TREAS

MELBOURNE FL 32901

CITY-ST-ZIP

2/18/08

FILED

321-724-6090