## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # N9900004005  1. Entity Name EAGLE GREENS CONDOMINIUM ASSOCIATION, INC.				05-01-2008 90196 020 ****61.25				
Principal Place of Business 409 E. COLLEGES AVE RUSKIN, FL 33570  Mailing Address P O BOX 1058 RUSKIN, FL 33575				00	იანაქ	8.		
Principal Place of Business - No P.O. Box #     3. Mailing Address			<u> </u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State					hg-NP	CR2E037 (12/06	·	
		City & State		4. FEI Number 59-359300	00		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of St	tatus Desired	☐ \$8.75 A Fee Requ	dditional red	
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	ress of New	Registered Agent		
WILSON, LOU ELLEN			Name	ame				
409 E COLLEGE AVE RUSKIN, FL 33570			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
					<del></del>		<del> </del>	
			City	FL   Zip Code				
the obligat	named entity submits this statement ions of registered agent.		registered office or regis	stered agent, or both, in	the State of		h, and accept	
			C. Dogistered Appet signature regu	dradban minototlan)		DATE		
6.7	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE	E: Registered Agent signature requ	uited when reinstating)	1 .	DATE	•	
1	Filling Fee Is \$61.25 Due by May 1, 2008	1	npaign Financing	\$5.00 May Be Added to Fees		Make check payable orida Department of		
10.	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Cam Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	, FI	Make check payable orida Department of	State	
10.	Filing Fee Is \$61.25 Due by May 1, 2008  OFFICERS AND D	9. Election Cam Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	, FI	Make check payable orida Department of	State :	
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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:

SECRETORY
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/25/08

(813)6 45 -1569 Define Phone #