


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2008 90196 021 ****61.25

DOCUMENT # N99000007141	
1. Entity Name EAGLES NEST AT TAMPA BAY ASSOCIATION, INC.	

Principal Place of Business 409 E. COLLEGE AVE RUSKIN, FL 33570	Mailing Address PO BOX 1058 RUSKIN, FL 33575
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60036317



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3701644	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WILSON, LOU ELLEN 409 E COLLEGE AVE RUSKIN, FL 33570	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
DST	CORNELL, CAROLE
29322 CADDY SHACK	SAN ANTONIO, FL 33576
DVP	COGGINS, KEVIN
29341 MARKER LOOP	SAN ANTONIO, FL 33576
DP	SANDQUIST, ROBERT
29308 MARKER LOOP	SAN ANTONIO, FL 33576

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

D/P
Steve Ingalls
29425 Caddyshack Lane
San Antonio, FL 33576

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: Carole Cornell, Inc. **4/25/08** **(813) 645-1569**