

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N14000009246

**Entity Name:** EAGLE ARTS ACADEMY PARENT TEACHER ORGANIZATION (PTO) INC.

**Current Principal Place of Business:**

1000 WELLINGTON TRACE  
WELLINGTON, FL 33411

**Current Mailing Address:**

1000 WELLINGTON TRACE  
WELLINGTON, FL 33411

**FEI Number: 47-2018323**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ECKER, CHRISTINA  
1000 WELLINGTON TRACE  
WELLINGTON, FL 33411 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: ECKER CHRISTINA

09/01/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ECKER, CHRISTINA  
Address 1000 WELLINGTON TRACE  
City-State-Zip: WELLINGTON FL 33411

Title T  
Name KLOSTERMEYER, SHERI  
Address 1000 WELLINGTON TRACE  
City-State-Zip: WELLINGTON FL 33411

Title V  
Name HOGE, ALINA  
Address 1000 WELLINGTON TRACE  
City-State-Zip: WELLINGTON FL 33414

Title S  
Name KLOSTERMEYER, ROB  
Address 1000 WELLINGTON TRACE  
City-State-Zip: WELLINGTON FL 33414

Title F  
Name MIRABAL, FRANK  
Address 1000 WELLINGTON TRACE  
City-State-Zip: WELLINGTON FL 33414

*I hereby 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 all other like empowered.*

SIGNATURE: CHRISTINA ECKER

PRESIDENT

09/01/2015

Electronic Signature of Signing Officer/Director Detail

Date