

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36234

**Entity Name:** EAGLES HOME OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 07, 2022**  
**Secretary of State**  
**2627622613CC**

**Current Principal Place of Business:**

C/O SYNERGYCAMS  
12161 KEN ADAMS WAY SUITE 177  
WELLINGTON, FL 33414

**Current Mailing Address:**

C/O SYNERGYCAMS  
12161 KEN ADAMS WAY SUITE 177  
WELLINGTON, FL 33414 US

**FEI Number: 65-0163504**

**Certificate of Status Desired: No**

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

FIELDS & BACHOVE PLLC  
4440 PGA BLVD.  
SUITE 308  
PALM BEACH GARDENS, FL 33410 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: EVAN BACHOVE**

**04/07/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name GUSTAFSON, JUDY  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

Title SECRETARY  
Name MCCOY, MILLIE  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

Title PRESIDENT  
Name CLEMENT, TOM  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

Title TREASURER  
Name MALERBA, JAMES  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name BROWNING, ELKE  
Address 11199 POLO CLUB ROAD  
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: TOM CLEMENT**

**PRESIDENT**

**04/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date