

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30343

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: EAGLE PRESERVE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

9690 EAGLE PRESERVE DRIVE  
ENGLEWOOD, FL 34224 US

**New Principal Place of Business:**

**Current Mailing Address:**

9690 EAGLE PRESERVE DRIVE  
ENGLEWOOD, FL 34224 US

**New Mailing Address:**

FEI Number: 65-0208695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STRODE, WILLIAM C  
720 S. ORANGE AVE.  
SARASOTA, FL 34236 US

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

HIMMELHAVER, BRENDA D  
3899 CAPE HAZE DRIVE  
ROTONDA WEST, FL 33947 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: BRENDA D. HIMMELHAVER

04/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: FATUM, JOHN H  
Address: 9911 EAGLE PRESERVE DRIVE  
City-St-Zip: PLACIDA, FL 33946

Title: SD ( ) Delete  
Name: CURTIS, DOUG  
Address: 9881 EAGLE PRESERVE DR  
City-St-Zip: ENGLEWOOD, FL 34224

Title: TD ( ) Delete  
Name: DUCKWORTH, ROBERT  
Address: 10030 EAGLE PRESERVE DR  
City-St-Zip: ENGLEWOOD, FL 34224

Title: D ( ) Delete  
Name: STANWIX, JOHN  
Address: 9711 EAGLE PRESERVE DR  
City-St-Zip: ENGLEWOOD, FL 34224

Title: PD ( ) Delete  
Name: WAGAR, CLARK  
Address: 9770 EAGLE PRESERVE DR  
City-St-Zip: ENGLEWOOD, FL 34224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: FATUM, JOHN H  
Address: 9911 EAGLE PRESERVE DRIVE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ASD (X) Change ( ) Addition  
Name: STANWIX, JOHN  
Address: 9711 EAGLE PRESERVE DR  
City-St-Zip: ENGLEWOOD, FL 34224

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLARK WAGAR

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date