

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30343

Entity Name: EAGLE PRESERVE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**9690 EAGLE PRESERVE DRIVE
ENGLEWOOD, FL 34224**Current Mailing Address:**9690 EAGLE PRESERVE DRIVE
ENGLEWOOD, FL 34224 US**FEI Number:** 65-0208695**Certificate of Status Desired:** Yes**Name and Address of Current 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VD
Name	FATUM, JOHN H
Address	9911 EAGLE PRESERVE DRIVE
City-State-Zip:	ENGLEWOOD FL 34224

Title	SD
Name	CURTIS, DOUG
Address	9881 EAGLE PRESERVE DR
City-State-Zip:	ENGLEWOOD FL 34224

Title	TD
Name	DUCKWORTH, ROBERT
Address	10030 EAGLE PRESERVE DR
City-State-Zip:	ENGLEWOOD FL 34224

Title	PD
Name	STANWIX, JOHN
Address	9711 EAGLE PRESERVE DR
City-State-Zip:	ENGLEWOOD FL 34224

Title	VD
Name	DUCKWORTH, LAREINE
Address	10030 EAGLE PRESERVE DR
City-State-Zip:	ENGLEWOOD FL 34224

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: JOHN STANWIX**PRESIDENT****03/25/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date