

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30343

Entity Name: EAGLE PRESERVE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**3754 CAPE HAZE DRIVE
ROTUNDA WEST, FL 33947**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
3754 CAPE HAZE DRIVE
ROTUNDA 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	DIRECTOR, PRESIDENT
Name	FATUM, JOHN H
Address	9690 EAGLE PRESERVE DRIVE
City-State-Zip:	ENGLEWOOD FL 34224

Title	SECRETARY, DIRECTOR
Name	SIEWERT, MARK
Address	9690 EAGLE PRESERVE DRIVE
City-State-Zip:	ENGLEWOOD FL 34224

Title	TREASURER, DIRECTOR
Name	DUCKWORTH, ROBERT
Address	9690 EAGLE PRESERVE DR
City-State-Zip:	ENGLEWOOD FL 34224

Title	DIRECTOR
Name	HAYEK, HAROLD
Address	9690 EAGLE PRESERVE DR
City-State-Zip:	ENGLEWOOD FL 34224

Title	VP, DIRECTOR
Name	DUCKWORTH, LAREINE
Address	9690 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 H. FATUM**PRESIDENT****02/25/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date