FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:20

DOCUMENT # 766209 (1)

1. Corporation Name

EAGLEWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8520 SE EAGLEWOOD WAY HOBE SOUND FL 33455	8520 SE EAGLEWOOD WAY HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1982
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2336363 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCHROEDER, NORMAN L., II
101 NO J STR
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name: Karen B. Marich
82 Street Address (P.O. Box Number is Not Acceptable): 8520 SE Eaglewood Way
83
84 City: Hobe Sound, FL 85 Zip Code: 33455

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Karen B. Marich — 1/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	ALLINSON, EDWIN H	1.2 NAME	REYNOLDS, ALFRED H.
STREET ADDRESS	13032 SE CROOKED STICK	1.3 STREET ADDRESS	8145 SE CYPRESS POINT PL.
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	VPD	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	REYNOLDS, ALFRED	2.2 NAME	FINCKEN, HARRY L.
STREET ADDRESS	8145 SE CYPRESS POINT PLACE	2.3 STREET ADDRESS	13117 SE POINT O'WOODS CT.
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, EDWARD	3.2 NAME	
STREET ADDRESS	13217 SE POINT O'WOODS CT	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	NILAN, JAMES	4.2 NAME	
STREET ADDRESS	12869 SE BERWICK CT	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, LUCILLE	5.2 NAME	
STREET ADDRESS	8590 SE EAGLEWOOD WAY	5.3 STREET ADDRESS	SAME
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Richard H. Reynolds, Pres. 2/14/95 (561) 546-8100
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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