

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
12/20/1982

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARICH, KAREN B
8520 SE EAGLEWOOD WAY
HOBE SOUND FL 33455**

81 Name

Sherry L. Svenson

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Sherry L. Svenson

sherry L. Svenson - Assoc. Mgr.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **REYNOLDS, ALFRED H**
STREET ADDRESS **8145 SE CYPRESS POINT PL.**
CITY-ST-ZIP **HOBE SOUND FL**

11 TITLE ☒ Change ☐ Addition
12 NAME **HARRY FINCKEN**
13 STREET ADDRESS **8520 SE Eaglewood Way**
14 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **VPD** ☒ DELETE
NAME **FINCKEN, HARRY L**
STREET ADDRESS **13117 SE POINT O'WOODS CT.**
CITY-ST-ZIP **HOBE SOUND FL**

21 TITLE ☒ Change ☐ Addition
22 NAME **EUGENE SPANGENBERGER**
23 STREET ADDRESS **8520 SE Eaglewood Way**
24 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ DELETE
NAME **MILLER, EDWARD**
STREET ADDRESS **13217 SE POINT O'WOODS CT**
CITY-ST-ZIP **HOBE SOUND FL**

31 TITLE ☒ Change ☐ Addition
32 NAME **8520 SE Eaglewood Way**
33 STREET ADDRESS **HOBE SOUND FL 33455**

TITLE **TD** ☒ DELETE
NAME **NILAN, JAMES**
STREET ADDRESS **12869 SE BERWICK CT**
CITY-ST-ZIP **HOBE SOUND FL**

41 TITLE ☒ Change ☐ Addition
42 NAME **ALLISON D. SPENCER**
43 STREET ADDRESS **8520 SE Eaglewood**
44 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **SD** ☒ DELETE
NAME **BAKER, LUCILLE**
STREET ADDRESS **8590 SE EAGLEWOOD WAY**
CITY-ST-ZIP **HOBE SOUND FL**

51 TITLE ☒ Change ☐ Addition
52 NAME **Charles Wellhausen**
53 STREET ADDRESS **8520 SE Eaglewood Way**
54 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☒ Addition
62 NAME **Joseph Guzzi**
63 STREET ADDRESS **8520 SE Eaglewood Way**
64 CITY-ST-ZIP **HOBE SOUND FL 33455**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry Fincken
HARRY FINCKEN - PRES.

4/11/96

Date

4075468100

Daytime Phone #

CR2E037 (12/95)