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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766209** (1)
1. Corporation Name
EAGLEWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 8520 SE EAGLEWOOD WAY HOBE SOUND FL 33455	Mailing Address 8520 SE EAGLEWOOD WAY HOBE SOUND FL 33455-7601
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1982	3a. Date of Last Report 04/22/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2336363		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SVENSON, SHERRY L. 8520 SE ENGLEWOOD WAY HOBE SOUND FL 33455		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	Eaglewood
		83	
		84 City	FL
		85 Zip Code	

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 4/3/97
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCKEN, HARRY	1.2 NAME	Pres. EDWIN ALLINSON
STREET ADDRESS	8520 SE ENGLEWOOD WAY	1.3 STREET ADDRESS	8520 SE Eaglewood Way
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	VPO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANGENBERGER, EUGENE	2.2 NAME	DIRECTOR
STREET ADDRESS	8520 SE ENGLEWOOD WAY	2.3 STREET ADDRESS	Eaglewood
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, EDWARD	3.2 NAME	Eaglewood
STREET ADDRESS	8520 SE ENGLEWOOD WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, ALLISON D.	4.2 NAME	Eaglewood
STREET ADDRESS	8520 SE ENGLEWOOD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLHAUSEN, CHARLES	5.2 NAME	Eaglewood
STREET ADDRESS	8520 SE ENGLEWOOD WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZZI, JOSEPH	6.2 NAME	VP William Oliver
STREET ADDRESS	8520 SE ENGLEWOOD WAY	6.3 STREET ADDRESS	8520 SE Eaglewood Way
CITY-ST-ZIP	HOBE SOUND FL	6.4 CITY-ST-ZIP	HOBE SOUND FL 33455

14. I do hereby certify that the information supplied with this filing 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: Edwin H. Allinson 4/8/97 5615468102
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0043375

CR2E037 (9/96)