## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

HOBE SOUND FL

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

## **FILED** Jun 04 1998 8:00am Secretary of State

5/1/98 561-546-8100

~ /AINI	1998		7.7	retary of State OF CORPORATIONS	Secretary of State
DOCU 1. Corpore	JMENT #	766209	(1)		
EAGI	LEWOOD HOME	OWNERS ASS	OCIATION, INC.		
Principal Pl	ace of Business		Mailing Address		
8520 SE EA	8520 SE EAGLEWOOD WAY 8520 SE EAGLEWOOD WAY				Date Incorporated or Qualified
HOBE SOUN	ID FL 33455		HOBE SOUND FL 3345		12/20/1982
					4. FEI Number Applied For
2. Princina	I Place of Business		2a. Mailing Address		59-2336363 Not Applicable
21	ii i iaga oi busii ess		26		5. Certificate of Status Desired
Suite, Ap	pt. #, <b>e</b> tc		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & State			City & State		Trust Fund Contribution
City & S 23 _	rara		City & State		7. Is this nonprofit corporation a homeowners association?  Yes \[ \subseteq \text{No} \]
Zip		ountry	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	USA	29	30 USI	Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent
	y. Name and A	Address of Current	Hedisteled water	81 Name	
-CVCN	COAL-CHEODY I.			1 1	Edwin H. Hilinson
-6VENSON,-6HERRY L: 8520 SE EAGLEWOOD WAY				82 Street	Address (P.O. Box Number is Not Acceptable)
	SOUND FL 33455			83	
				84 City	85 Zip Code
					11 00 2 5 00 na FL   33455
11. Pursua office o	nt to t <b>he</b> provisions o or regi <b>ster</b> ed agent, o	f Sections 617.0502 r both, in the State c	and 617.1508, Florida Sti f Florida-Such change w	atutes, the above-named as authorized by the cor	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent.	I am filmiliar with, an	d accept the obligat	ions of Section 617.0503	Florida Statutes.	1011111
SIGNATUR	E gradua, typed or printe	od nania al legistered agent	and tille if applicable.	KOTE Registered Agent eignatur	Allinson 5-1-98 prequired when reinstating)  DATE
12.		OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Pada	m H. Cill	inson DELETE	1.1 TITLE	Change Addition
NAME	ALCINSON, E			1.2 NAME	ALLINSON EDWINH. 1303256 Crooked Stick Ln.
STREET ADDRES	S HOBE SOUN	ILEWOOD WAY		1.3 STREET ADDRESS 1.4 CITY+ST-ZIP	Hobe Sound, 41. 33485
CITY-ST-ZIP TITLE	D D	DIL	DELETE	2.1 TITLE	TREASURER (TXD) A Change X Addition
NAME	SPANGENBE	ROER, EUGENE	• •	2.2 NAME	J'Ames T. MilAn
STREET ADDRES				2.3 STREET ADDRESS	BEZO GIC BACKWOOD WAY
CITY-ST-ZIP	HOBE SOUN	D FL		2 4 CITY-S1-ZIP	Hobe Sound 71.33455
TITLE	D		DELETE	3.1 T(TL€	12869 SE Betwick C+ L Change Addition
NAME	-MILLER, EDW			3.2 NAME	
STREET ADDRES	S 8520 SE EAG HOBE SOUN	LEWOOD WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	- <del>10</del> -	VIL	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	SECRETARY (S)D) AChange Addition
NAME	SPENCER, AI	LLISON D.		4.2 NAME	Spencer Pallispn
STREET ADDRES				4.3 STREET ADDRESS	12506 S.E. Pinghurst Ct.
CITY-ST-ZIP	HOBE SOUN	D FL		4.4 C/TY-ST-Z/P	Hobe Sound +1.33485
TITLE	SD			F 4 7/TLF	
*****	_		DELETE	5.1 TITLE	DIFECTOR (D) Change Addition
NAME	WELLHAUSE	N, CHARLES	DELETE	5.2 NAME	ALLEN KELLY
STREET ADDRES	WELLHAUSER s 8520 SE EAG	N <del>, CHARLEO →</del> SLEWOOD WAY	<b>⋈</b> DELETE	5.2 NAME 5.3 STREET ADDRESS	FILLEN KELLY Semplewood WAY
STREET ADDRES	WELLHAUSER s 8520 SE EAG HOBE SOUNI	N <del>, CHARLEO →</del> SLEWOOD WAY		5.2 NAME 5.3 STREET ADDRESS 5.4 CYTY-ST-ZIP	HULEN KELLY SESO SE Englewood WAY Hobe Sound Fl. 33455
STREET ADDRES	WELLHAUSER s 8520 SE EAG	N <del>, CHARLES -</del> HEWOOD WAY D FL	DELETE	5.2 NAME 5.3 STREET ADDRESS	FILLEN KELLY Semplewood WAY

6.4 CITY-ST-ZIP

Edwin H. Allinson

14. I 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.