

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90039 004 \*\*\*\*61.25

DOCUMENT # 766209

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/20/1982

4. FEI Number

59-2336363

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ALLINSON, EDWIN H  
8520 SE EAGLEWOOD 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)

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

*Edwin H. Allison*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

3/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ALLINSON, EDWIN  
STREET ADDRESS 13032 SE CROOKED STICK LN.  
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ DELETE

TITLE TD  
NAME NILAN, JAMES T  
STREET ADDRESS 12869 SE BERWICK CT.  
CITY-ST-ZIP HOBE SOUND FL 33455 ☒ DELETE

TITLE SD  
NAME SPENCER, ALLISON D.  
STREET ADDRESS 12706 SE PINEHURST CT.  
CITY-ST-ZIP HOBE SOUND FL 33455 ☒ DELETE

TITLE D  
NAME KELLY, ALLEN  
STREET ADDRESS 12866 SE PINEHURST CT.  
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ DELETE

TITLE VP  
NAME OLIVER, WILLIAM  
STREET ADDRESS 8520 EAGLEWOOD WAY  
CITY-ST-ZIP HOBE SOUND FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME TO  
2.3 STREET ADDRESS DEWS, JOSEPH  
2.4 CITY-ST-ZIP 13032 S.E. Cog Hill Ct.  
HOBE SOUND, FL 33455

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME SD  
3.3 STREET ADDRESS Robert Storms  
3.4 CITY-ST-ZIP 12856 SE Pinehurst Ct.  
HOBE SOUND, FL 33455

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VPD  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Edwin H. Allison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

561-546-8100

Daytime Phone #

CR2E037 (1/98)