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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 766790 (0)
1. Corporation Name
EAGLE RIDGE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
8750-11 GLADIOLUS DR STE 177 FORT MYERS FL 33908 US
8750-11 GLADIOLUS DR STE 177 FORT MYERS FL 33908-4159 US

3. Date Incorporated or Qualified 02/01/1983 3a. Date of Last Report 04/17/1996
4. FEI Number 59-2380226 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

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

9. Name and Address of Current Registered Agent
RANIERI, SAMUEL J.
7537 EAGLE'S FLIGHT LANE
FT. MYERS FL 33912

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) SAME
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. SAMUEL J. RANIERI
SIGNATURE: Samuel J. Ranieri Secretary-Treasurer/Director March 17, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BELNER, BOB	
STREET ADDRESS	8750-11 GLADIOLUS DR, STE 177	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DEELEX, JOYCE	
STREET ADDRESS	8750-11 GLADIOLUS DR, STE 177	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RANIERI, SAMUEL J.	
STREET ADDRESS	8750-11 GLADIOLUS DR, STE 177	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCNEIL, KEN	
STREET ADDRESS	8750-11 GLADIOLUS DR, STE 177	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARTMAN, JOE	
STREET ADDRESS	8750-11 GLADIOLUS DR, STE 177	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT/DIRECTOR	
1.3 STREET ADDRESS	KEN MCNEIL	
1.4 CITY-ST-ZIP	8750 GLADIOLUS DR. - STE-177 FT. MYERS, FL. 33908	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT/DIRECTOR	
2.3 STREET ADDRESS	ROBERT KIRKSEY	
2.4 CITY-ST-ZIP	8750 GLADIOLUS DR. STE 177 FT. MYERS, FL. 33908	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SECRETARY-TREASURER/DIRECTOR	
3.3 STREET ADDRESS	SAMUEL J. RANIERI	
3.4 CITY-ST-ZIP	8750-11 GLADIOLUS DR. - STE 177 FT. MYERS, FL. 33908	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR	
4.3 STREET ADDRESS	ART CORACE	
4.4 CITY-ST-ZIP	8750 GLADIOLUS DR. - STE-177 FT. MYERS, FL. 33908	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR	
5.3 STREET ADDRESS	LARRY FREDETTE	
5.4 CITY-ST-ZIP	8750 GLADIOLUS DR. - STE-177 FT. MYERS, FL. 33908	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Samuel J. Ranieri Secretary-Treasurer/Director 3/17/97 (941) 768-5852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066273

CF2E037 (9/96)