

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 # 770372 (1)

1. Corporation Name

EAGLE'S LANDING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6010 FOREST BLVD.
FT. MYERS FL 33908

6010 FOREST BLVD.
FT. MYERS FL 33908

3. Date Incorporated or Qualified
09/23/1983

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2451866

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

ARMSTRONG, KENNETH
6010 FOREST BLVD.
FT. MYERS FL 33908

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GIPINSKE, RONALD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16620 TIMBERLAKES DR	1.2 NAME	
STREET ADDRESS	FT MYERS FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD NALIBOTSKY, PHILLIP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18580B TIMBERLAKES DR	2.2 NAME	
STREET ADDRESS	FT MYERS FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D KULIS, LEROY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16596-B TIMBERLAKE DR	3.2 NAME	
STREET ADDRESS	FORT MYERS FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P BASEHORE, NORMAN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16610 TIMBERLAKES DR	4.2 NAME	
STREET ADDRESS	FT MYERS FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD WHEELER, DUFF	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16580 TIMBERLAKES DR	5.2 NAME	
STREET ADDRESS	FT MYERS FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

700001742987
-03/14/96--01046--013
***61.25

3-5-96

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

PHILIP NALIBOTSKY, TROBORN

3/11/96

Date

433-0111

Daytime Phone #

CR2E037 (12/95)