

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 10 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 # 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 33908-4318**

3. Date Incorporated or Qualified **09/23/1983** 3a. Date of Last Report **03/14/1996**  
4. FEI Number **59-2451866** 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 Country 28 Zip Country  
24 25 29 30

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GIPINSKE, RONALD</b>
STREET ADDRESS	<b>16620 TIMBERLAKES DR</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>NALIBOTSKY, PHILLIP</b>
STREET ADDRESS	<b>16580B TIMBERLAKES DR</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KULIS, LEROY</b>
STREET ADDRESS	<b>16596-B TIMBERLAKE DR</b>
CITY-ST-ZIP	<b>FORT MYERS FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BASEHORE, NORMAN</b>
STREET ADDRESS	<b>16610 TIMBERLAKES DR</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>WHEELER, DUFF</b>
STREET ADDRESS	<b>16580 TIMBERLAKES DR</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD KULIS, LEROY</b>
3.3 STREET ADDRESS	<b>16596-B TIMBERLAKES DR</b>
3.4 CITY-ST-ZIP	<b>FORT MYERS FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<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: Norman Basehore NORMAN BASEHORE Jan 27, 1997 941 433-0111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066350

CR2E037 (9/96)