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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:22

DOCUMENT # N05179 (9)

1. Corporation Name

EAGLE ISLAND ESTATES PROPERTY OWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
P O BOX 235 P. O. BOX 235 LAND-O-LAKES FL 34639 US	P O BOX 235 P. O. BOX 235 LAND-O-LAKES FL 34639 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1984
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2902801 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WHITAKER, EDWARD
24020 STARLING CIR
LAND O'LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name: JETTE, WILLIAM E
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5225 EAGLE BLVD.
84 City: LAND O'LAKES FL 85 Zip Code: 34639

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Wm E Jette WILLIAM E JETTE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	WHITAKER, EDWARD V	12 NAME	JETTE, WILLIAM E	
STREET ADDRESS	24020 STARLING CIRCLE	13 STREET ADDRESS	5225 EAGLE BLVD	
CITY-ST-ZIP	LAND O'LAKES FL	14 CITY-ST-ZIP	LAND O' LAKES FL 34639	
TITLE	VPDT	21 TITLE	VPDT	☒ Change ☐ Addition
NAME	JETTE, WILLIAM E	22 NAME	WHITAKER, EDWARD V	
STREET ADDRESS	5225 EAGLE BLVD.	23 STREET ADDRESS	24020 STARLING CIRCLE	
CITY-ST-ZIP	LAND O'LAKES FL	24 CITY-ST-ZIP	LAND O' LAKES FL 34639	
TITLE	~~D~~	31 TITLE	D	☐ Change ☒ Addition
NAME	~~GABEZAS, MORIS~~	32 NAME	SMITH, KENT	
STREET ADDRESS	~~5329 SWALLOW DRIVE~~	33 STREET ADDRESS	5406 SWALLOW DRIVE	
CITY-ST-ZIP	~~LAND O'LAKES FL~~	34 CITY-ST-ZIP	LAND O' LAKES FL 34639	
TITLE	DS	41 TITLE	VPDS	☒ Change ☐ Addition
NAME	ANDERSON, PATRICIA	42 NAME	ANDERSON, PATRICIA	
STREET ADDRESS	24305 BOB WHITE COURT	43 STREET ADDRESS	24305 BOB WHITE COURT	
CITY-ST-ZIP	LAND O'LAKES FL	44 CITY-ST-ZIP	LAND O' LAKES FL 34639	
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	CEVASCO, ROBERT	52 NAME	DAVEY, MARTHA	
STREET ADDRESS	5409 SWALLOW DRIVE	53 STREET ADDRESS	5112 SWALLOW DRIVE	
CITY-ST-ZIP	LAND O'LAKES FL	54 CITY-ST-ZIP	LAND O' LAKES FL 34639	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SCHWEITZER, SUSAN	62 NAME		
STREET ADDRESS	24309 BOB WHITE COURT	63 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL	64 CITY-ST-ZIP		

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: Wm E Jette 3/14/95 813-996-5961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WILLIAM E JETTE