

# 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 # **N05179** (9)

1. Corporation Name  
**EAGLE ISLAND ESTATES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business P O BOX 235 P. O. BOX 235 LAND-O-LAKES FL 34639 US	Mailing Address P O BOX 235 P. O. BOX 235 LAND-O-LAKES FL 34639 US
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3. Date Incorporated or Qualified <b>09/17/1984</b>	3a. Date of Last Report <b>03/29/1995</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-2902801</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JETTE, WILLIAM E.</b> <b>5225 EAGLE BLVD</b> <b>LAND O'LAKES FL 34639</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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: *William E. Jette* **WILLIAM E JETTE PRESIDENT** **3/5/96**  
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	<b>VPDT</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>WHITAKER, EDWARD V</b>		1.2 NAME	<b>DAVEY, MARTHA B.</b>			
STREET ADDRESS	<b>24020 STARLING CIRCLE</b>		1.3 STREET ADDRESS	<b>5112 SWALLOW DRIVE</b>			
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>		1.4 CITY-ST-ZIP	<b>LAND O'LAKES FL 34639</b>			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JETTE, WILLIAM E</b>		2.2 NAME	<b>GOLD, RONALD</b>			
STREET ADDRESS	<b>5225 EAGLE BLVD.</b>		2.3 STREET ADDRESS	<b>24017 STARLING CIRCLE</b>			
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>		2.4 CITY-ST-ZIP	<b>LAND O' LAKES FL 34639</b>			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SMITH, KENT</b>		3.2 NAME	<b>HUDAK, ELLEN M.</b>			
STREET ADDRESS	<b>5406 SWALLOW DR</b>		3.3 STREET ADDRESS	<b>5417 EAGLE BLVD</b>			
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>		3.4 CITY-ST-ZIP	<b>LAND O' LAKES FL 34639</b>			
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ANDERSON, PATRICIA</b>		4.2 NAME				
STREET ADDRESS	<b>24305 BOB WHITE COURT</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>		4.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CEVASCO, ROBERT</b>		5.2 NAME				
STREET ADDRESS	<b>5409 SWALLOW DRIVE</b>		5.3 STREET ADDRESS				
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>		5.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SCHWEITZER, SUSAN</b>		6.2 NAME				
STREET ADDRESS	<b>24309 BOB WHITE COURT</b>		6.3 STREET ADDRESS				
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>		6.4 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: *William E. Jette* **WILLIAM E JETTE** **3/5/96** **813-996-5961**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)