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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34639-0235 US
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3. Date Incorporated or Qualified 09/17/1984	3a. Date of Last Report 03/13/1996
4. FEI Number 59-2902801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**JETTE, WILLIAM E.
5225 EAGLE BLVD
LAND O'LAKES FL 34639**

10. Name and Address of New Registered Agent
81 Name **ROBERT C. CEVASCO**
82 Street Address (P.O. Box Number is Not Acceptable)
5409 SWALLOW DR
83
84 City **LAND O LAKES** FL 85 Zip Code **34639**

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 **ROBERT C. CEVASCO** *[Signature]* DATE **4.28.97**

12. OFFICERS AND DIRECTORS

TITLE	VPDT	<input type="checkbox"/> DELETE
NAME	WHITAKER, EDWARD V	
STREET ADDRESS	24020 STARLING CIRCLE	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JETTE, WILLIAM E	
STREET ADDRESS	5225 EAGLE BLVD.	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVEY, MARTHA B.	
STREET ADDRESS	5112 SWALLOW DRIVE	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLD, RONALD	
STREET ADDRESS	24017 STARLING CIRCLE	
CITY-ST-ZIP	LAND-O-LAKES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HUDACK, ELLEN M.	
STREET ADDRESS	5417 EAGLE BLVD	
CITY-ST-ZIP	LAND-O-LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WHITAKER, EDWARD V.	
1.3 STREET ADDRESS	24020 STARLING CIRCLE	
1.4 CITY-ST-ZIP	LAND O' LAKES, FL.	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JETTE, WILLIAM E.	
2.3 STREET ADDRESS	5225 EAGLE BLVD.	
2.4 CITY-ST-ZIP	LAND O'LAKES, FL.	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVEY MARTHA B.	
3.3 STREET ADDRESS	5112 SWALLOW DR.	SAME
3.4 CITY-ST-ZIP	LAND-O-LAKES, FL.	
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GOLD, LARA JO	
4.3 STREET ADDRESS	24017 STARLING CIRCLE	
4.4 CITY-ST-ZIP	LAND-O-LAKES, FL.	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HUDACK, ELLEN M.	
5.3 STREET ADDRESS	5417 EAGLE BLVD	
5.4 CITY-ST-ZIP	LAND-O-LAKES, FL	
6.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HERMANN, ROBERT A.	
6.3 STREET ADDRESS	5221 SWALLOW DRIVE	
6.4 CITY-ST-ZIP	LAND-O-LAKES, FL	

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: *[Signature]* **ROBERT P. CEVASCO** DATE **4.28.97** DAYTIME PHONE # **9961087**

CR2E037 (9/96)

PD

IN ADDITION

ROBERT C. CEVASCO

5409 SWALLOW DRIVE

LAND-O-LAKES, FL.