

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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
P. O. BOX 235 P. O. BOX 235
LAND-O-LAKES FL 34639 LAND-O-LAKES FL 34639
US US

3. Date Incorporated or Qualified
09/17/1984
 4. FEI Number
59-2902801
 Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

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. Is this nonprofit corporation a homeowners association?
 Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
CEVASCO, ROBERT C
5409 SWALLOW DR.
LAND O'LAKES FL 34639

10. Name and Address of New Registered Agent
 81 Name **Ray Schweitzer**
 82 Street Address (P.O. Box Number is Not Acceptable)
24309 Bob White Court
 83
 84 City **Land O' Lakes** FL 85 Zip Code **34639**

11. Pursuant to the provisions of Sections 617.0502 and 617.1505, 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]* **VICE PRESIDENT** DATE **3/15/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHITAKER, EDWARD V	
STREET ADDRESS	24020 STARLING CIRCLE	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JETTE, WILLIAM E	
STREET ADDRESS	5225 EAGLE BLVD.	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVEY, MARTHA B.	
STREET ADDRESS	5112 SWALLOW DRIVE	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GOLD, LARA JO	
STREET ADDRESS	24017 STARLING CIRCLE	
CITY-ST-ZIP	LAND-O-LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUDACK, ELLEN M.	
STREET ADDRESS	5417 EAGLE BLVD	
CITY-ST-ZIP	LAND-O-LAKES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HERMANN, ROBERT A	
STREET ADDRESS	5221 SWALLOW DR.	
CITY-ST-ZIP	LAND-O-LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PO Ray Schweitzer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ray Schweitzer	
1.3 STREET ADDRESS	24309 Bob White Court	
1.4 CITY-ST-ZIP	Land O' Lakes, FL 34639	
2.1 TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Glenn Anderson	
2.3 STREET ADDRESS	24305 Bob White Court	
2.4 CITY-ST-ZIP	Land O' Lakes, FL 34639	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ellen Hudak	
3.3 STREET ADDRESS	5417 Eagle Blvd	
3.4 CITY-ST-ZIP	Land O' Lakes, FL 34639	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gina Marchica	
4.3 STREET ADDRESS	5406 Swallow Dr	
4.4 CITY-ST-ZIP	Land, O' Lakes FL 34639	
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 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]* DATE **3/12/98** **99-5213**

CP2E037 (10/97)