

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$295)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 8:32

DOCUMENT # N06189 (7)
 1. Corporation Name
EAGLE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 POST OFFICE BOX 15553 CLEARWATER FL 34629-5553
 POST OFFICE BOX 15553 CLEARWATER FL 34629-5553

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/15/1984	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2483465	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under a 1993 Florida Statute <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	29
25	30

9. Name and Address of Current Registered Agent

RENTON, JOHN B.
2985 EAGLE ESTATES CIR WEST
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHEELER, PHILIP
STREET ADDRESS	2974 EAGLE ESTATES CIR W.
CITY - ST - ZIP	CLEARWATER FL
TITLE	TD
NAME	WILSON, LAWRENCE W.
STREET ADDRESS	2987 EAGLE ESTATES CIR. W.
CITY - ST - ZIP	CLEARWATER FL
TITLE	VD
NAME	FAUSCH, JAMES C.
STREET ADDRESS	2968 EAGLE ESTATES CIR W.
CITY - ST - ZIP	CLEARWATER FL
TITLE	SD
NAME	PALINKAS, MARY
STREET ADDRESS	2904 EAGLE ESTATES CIR N
CITY - ST - ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" 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	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	

Handwritten notes in Block 13:
 PD RONALD SEEL 2980 EAGLE ESTATES CR E. CLEARWATER, FL. 34621
 TD PETER VESPOSITO 2946 EAGLE TRAIL CLEARWATER, FL. 34621
 VD JOHN SULLIVAN 2970 EAGLE TRAIL CLEARWATER, FL. 34621
 - NO CHANGE -

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 110.07(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, in an attachment with an address.

SIGNATURE: *Handwritten signature of Peter Vesposito* PETER VESPOSITO 6/15/95 813-541-8682
 (Signature and typed or printed name of signing officer or director)

CR2E037 (3/95)