

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 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 # **N06189** (7)  
1. Corporation Name  
**EAGLE ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business POST OFFICE BOX 15553 CLEARWATER FL 34629-5553	Mailing Address POST OFFICE BOX 15553 CLEARWATER FL 34629-5553
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3. Date Incorporated or Qualified 11/15/1984	3a. Date of Last Report 03/15/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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4. FEI Number 59-2483465	Applied For 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	

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  
**FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEEL, J. RONALD	
STREET ADDRESS	2980 EAGLE ESTATES CR E	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ESPOSITO, PETER	
STREET ADDRESS	2986 EAGLE TRAIL	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOHN	
STREET ADDRESS	2970 EAGLE TRAIL	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PALINKAS, MARY	
STREET ADDRESS	2904 EAGLE ESTATES CIR N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T. D. LYNCH, RAE	<input type="checkbox"/> DELETE
STREET ADDRESS	2985 TALON DRIVE	
CITY-ST-ZIP	CLEARWATER, FL	
TITLE	HARRIS, VIOLET	<input type="checkbox"/> DELETE
STREET ADDRESS	2976 TALON DRIVE	
CITY-ST-ZIP	CLEARWATER, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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 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 checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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] 2/4/97 813-799-5435  
Date Daytime Phone # 0087793

CR2E037 (9/96)