

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 19 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>POST OFFICE BOX 15553 CLEARWATER FL 34629-5553</b>	Mailing Address <b>POST OFFICE BOX 15553 CLEARWATER FL 34629-5553</b>
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3. Date Incorporated or Qualified  
**11/15/1984**

4. FEI Number  
**59-2483465**

Applied For	Not Applicable
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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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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

**RENTON, JOHN B.  
2085 EAGLE ESTATES CIR WEST  
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEEL, J. RONALD</b>	1.2 NAME	
STREET ADDRESS	<b>2080 EAGLE ESTATES CR E</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ESPOSITO, PETER</b>	2.2 NAME	<b>SD MORELLI, NENA</b>
STREET ADDRESS	<b>2086 EAGLE TRAIL</b>	2.3 STREET ADDRESS	<b>2992 TALON DRIVE</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33761</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SULLIVAN, JOHN</b>	3.2 NAME	<b>PD SPEED, DAVID</b>
STREET ADDRESS	<b>2970 EAGLE TRAIL</b>	3.3 STREET ADDRESS	<b>2996 EAGLE ESTATES CIR E</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33761</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALINKAS, MARY</b>	4.2 NAME	<b>VD</b>
STREET ADDRESS	<b>2004 EAGLE ESTATES CIR N</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYNCH, RAE</b>	5.2 NAME	
STREET ADDRESS	<b>2085 TALON DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER 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>HARRIS VIOLET</b>	6.2 NAME	
STREET ADDRESS	<b>2976 TALON DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	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: *Rae Lynch* **3/10/98 (813) 797 7730**

CFR2E037 (10/97)