

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N31818** (0)
1. Corporation Name
HOMEOWNERS' ASSOCIATION OF EAGLE'S NEST, INC.



Principal Place of Business
36926 LILLY PAD LOOP
~~FRUITLAND PARK FL 34731~~
FRUITLAND PARK FL 34731
US

Mailing Address
36926 LILLY PAD LOOP
~~FRUITLAND PARK FL 34731~~
FRUITLAND PARK FL 34731
US

3. Date Incorporated or Qualified **04/20/1989** 3a. Date of Last Report **04/04/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2945946	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUGGAN, J ROBERT 1029 W MAGNOLIA LEESBURG FL 34748				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92			
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISTENFEGER, WALTER		12 NAME				
STREET ADDRESS	05451 EAGLES NEST RD		13 STREET ADDRESS				
CITY - ST - ZIP	FRUITLAND PARK FL		14 CITY - ST - ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	21 TITLE	VPD			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWARTZ, AUGUST		22 NAME	YONKERS, JIM			
STREET ADDRESS	05447 EAGLES NEST ROAD		23 STREET ADDRESS	05451 CAT FISH LN.			
CITY - ST - ZIP	FRUITLAND PARK FL		24 CITY - ST - ZIP	FRUITLAND PARK, FL 34731			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	31 TITLE	TD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, HAROLD W.		32 NAME	SAVOIE, MAURICE			
STREET ADDRESS	05530 EAGLES NEST ROAD		33 STREET ADDRESS	36926 LILLY PAD LOOP			
CITY - ST - ZIP	FRUITLAND PARK FL		34 CITY - ST - ZIP	FRUITLAND PARK, FL 34731			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	41 TITLE	SD			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KISTENFEGER, ANN		42 NAME	MARTIN ROY			
STREET ADDRESS	05461 EAGLES NEST ROAD		43 STREET ADDRESS	05449 EAGLES NEST RD			
CITY - ST - ZIP	FRUITLAND PARK FL		44 CITY - ST - ZIP	FRUITLAND PARK FL 34731			
TITLE	D	<input type="checkbox"/> DELETE	51 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWDEN, GARLAND		52 NAME				
STREET ADDRESS	36950 LAKE ROA		53 STREET ADDRESS				
CITY - ST - ZIP	FRUITLAND PARK FL		54 CITY - ST - ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	61 TITLE	D			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVOIE, MAURICE		62 NAME	TAYLOR THERMON			
STREET ADDRESS	36926 LILLY PAD LOOP		63 STREET ADDRESS	05447 OSPREY LE			
CITY - ST - ZIP	FRUITLAND PARK FL		64 CITY - ST - ZIP	FRUITLAND PARK FL 34731			

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 119.07(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, or on an attachment with an address.

SIGNATURE: Maurice M Savoie MAURICE M SAVOIE 03-06-96 1-352-728-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)