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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business
5451 EAGLESNEST RD
FRUITLAND PARK FL 34731
US

Mailing Address
5451 EAGLESNEST RD
FRUITLAND PARK FL 34731-5703
US

3. Date Incorporated or Qualified 04/20/1989
3a. Date of Last Report 03/11/1996

2. Principal Place of Business
21 5451 EAGLESNEST RD.
22 Suite, Apt., etc.

2a. Mailing Address
26 5451 EAGLESNEST RD
27 Suite, Apt., etc.

4. FEI Number 59-2945946
Applied For Not Applicable

23 FRUITLAND PARK
24 34731 25 USA
27 FRUITLAND PARK
28 34731 29 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DUGGAN, J ROBERT
1029 W MAGNOLIA
LEESBURG FL 34748

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	KISTENFEGER, WALTER	1.2 NAME	P/D WILLIAMS, DELORGE
STREET ADDRESS	05451 EAGLES NEST RD	1.3 STREET ADDRESS	05510 CATFISH LANE
CITY-ST-ZIP	FRUITLAND PARK FL	1.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731
TITLE	VPD	2.1 TITLE	VP/D
NAME	YONKERS, JIM	2.2 NAME	MILLER, ROBERT C.
STREET ADDRESS	05451 CATFISH LN	2.3 STREET ADDRESS	05620 EAGLESNEST RD.
CITY-ST-ZIP	FRUITLAND PARK FL	2.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731
TITLE	TD	3.1 TITLE	T/D
NAME	SAVOIE, MAURICE	3.2 NAME	KISTENFEGER, WALTER A.
STREET ADDRESS	36928 LILLY PAD LOOP	3.3 STREET ADDRESS	05451 EAGLESNEST RD.
CITY-ST-ZIP	FRUITLAND PARK FL	3.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731
TITLE	SD	4.1 TITLE	D
NAME	ROY MARTIN	4.2 NAME	SAVOIE, MAURICE
STREET ADDRESS	05449 EAGLES NEST RD	4.3 STREET ADDRESS	36928 LILLY PAD LOOP
CITY-ST-ZIP	FRUITLAND PARK FL	4.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731
TITLE	D	5.1 TITLE	D
NAME	COWDEN, GARLAND	5.2 NAME	YONKERS, JIM
STREET ADDRESS	36950 LAKE ROA	5.3 STREET ADDRESS	05451 CATFISH LANE
CITY-ST-ZIP	FRUITLAND PARK FL	5.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731
TITLE	D	6.1 TITLE	S/D
NAME	THERMON, TAYLOR	6.2 NAME	MARTIN, ROY
STREET ADDRESS	05447 OSPREY LN	6.3 STREET ADDRESS	05449 EAGLESNEST RD
CITY-ST-ZIP	FRUITLAND PARK FL	6.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731

14. I do 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: Walter A. Kistenfeger WALTER A. KISTENFEGER (OTHER 815-433-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: PADM, FL. 4/21/97 0089687

CR2E037 (9/96)