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Apr 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31818 (0)
1. Corporation Name
HOMEDOWNERS' ASSOCIATION OF EAGLES NEST, INC.

Principal Place of Business 36952 LAKE ROAD FRUITLAND PARK, FL. 34731	Mailing Address 36952 LAKE RD. FRUITLAND PARK, FL. 34731
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21. Principal Place of Business 36952 LAKE RD.	2a. Mailing Address 36952 LAKE RD.
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State FRUITLAND PARK, FL.	28. City & State FRUITLAND PARK, FL.
24. Zip 34731	25. Country USA
29. Zip 34731	30. Country USA

3. Date Incorporated or Qualified 4/20/1989	
4. FEI Number 59-2945946	Applied For No: 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ DATE _____
Signature typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when consisting)

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DELORES	
STREET ADDRESS	05510 CATFISH LANE	
CITY-ST-ZIP	FRUITLAND PARK, FL. 34731	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	MILLER, ROBERT C.	
STREET ADDRESS	05620 EAGLES NEST RD	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	VP/D T/D	<input checked="" type="checkbox"/> DELETE
NAME	KISTENFEGGER, WALTER A.	
STREET ADDRESS	05451 EAGLES NEST RD.	
CITY-ST-ZIP	FRUITLAND PARK, FL. 34731	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, THERMON	
STREET ADDRESS	05447 OSPREY LN	
CITY-ST-ZIP	FRUITLAND PARK, FL. 34731	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAVOIE, MAURICE	
STREET ADDRESS	36926 LILY PAD LOOP	
CITY-ST-ZIP	FRUITLAND PARK, FL. 34731	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YONKERS, JIM	
STREET ADDRESS	05451 CATFISH LANE	
CITY-ST-ZIP	FRUITLAND PARK, FL. 34731	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	STEINMETZ, LORETTA J.	
13. STREET ADDRESS	36952 LAKE RD.	
14. CITY-ST-ZIP	FRUITLAND PARK, FL. 34731	
21. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	STEINMETZ, MARTIN W.	
23. STREET ADDRESS	36952 LAKE RD.	
24. CITY-ST-ZIP	FRUITLAND PARK, FL. 34731	
31. TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	COWDEN, GARLAND	
33. STREET ADDRESS	36950 LAKE RD	
34. CITY-ST-ZIP	FRUITLAND PARK, FL. 34731	
41. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	KILE, GERALD	
43. STREET ADDRESS	05510 OSPREY LANE	
44. CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
51. TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	PREWITT, DAVID	
53. STREET ADDRESS	05451 EAGLES NEST RD	
54. CITY-ST-ZIP	FRUITLAND PARK, FL. 34731	
61. TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	MARTIN, ROY	
63. STREET ADDRESS	05449 EAGLESNEST RD.	
64. CITY-ST-ZIP	FRUITLAND PARK, FL. 34731	

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: Loretta J. Steinmetz 3/30/98 Date: 1-352-315 0605 OR: PE 4-7

CR2E037 (10/97)