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**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90105 043 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N31818**

1. Corporation Name

**HOMEOWNERS' ASSOCIATION OF EAGLE'S NEST, INC.**

303099 - 90105 - 43

Principal Place of Business

36952 LAKE ROAD  
 FRUITLAND PARK FL 34731  
 US

Mailing Address

36952 LAKE ROAD  
 FRUITLAND PARK FL 34731  
 US



2. Principal Place of Business

21 **36952 LAKE ROAD**  
 Suite, Apt. #, etc.

2a. Mailing Address

26 **SAME**  
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**04/20/1989**

4. FEI Number

**59-2945946**

Applied For

Not Applicable

22 City & State

**FRUITLAND PARK**  
 Zip Country

27 City & State

**SAME**  
 Zip Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 **34731** 25 **USA**

29 **34731** 30 **USA**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

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

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 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS, DELORES</b>	1.2 NAME	<b>HELEN PAHMIER</b>
STREET ADDRESS	<b>05510 CATFISH LANE</b>	1.3 STREET ADDRESS	<b>05500 OSPREY LANE</b>
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	1.4 CITY-ST-ZIP	<b>FRUITLAND PARK, FL. 34731</b>
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLER, ROBERT C</b>	2.2 NAME	<b>JAMES FOLSOM</b>
STREET ADDRESS	<b>05620 EAGLESNEST RD</b>	2.3 STREET ADDRESS	<b>05449 SPECKLE PERCH LANE</b>
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	2.4 CITY-ST-ZIP	<b>FRUITLAND PARK, FL. 34731</b>
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEINMETZ, LORETTA J</b>	3.2 NAME	
STREET ADDRESS	<b>36952 LAKE ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, ROY</b>	4.2 NAME	
STREET ADDRESS	<b>05449 EAGLES NEST RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEINMETZ, MARTIN W</b>	5.2 NAME	
STREET ADDRESS	<b>36952 LAKE ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COWDEN, GARLAND</b>	6.2 NAME	
STREET ADDRESS	<b>36950 LAKE ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4/1/99 1-352-3150605

CR2F037-141/98