


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N31818
 1. Entity Name
HOMEOWNERS' ASSOCIATION OF EAGLE'S NEST, INC.



Principal Place of Business Mailing Address
36952 LAKE RD. **36952 LAKE ROAD**
FRUITLAND PARK FL 34731 **FRUITLAND PARK FL 34731**
US **US**



2. Principal Place of Business 3. Mailing Address
36952 LAKE ROAD **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
FRUITLAND PARK **FLORIDA**

4. FEI Number Applied For
59-2945946 Not Applicable

Zip Country
34731 **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consistent) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	COOPER, FRED	
STREET ADDRESS	05507 SUNSET DR.	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEAK, CECIL	
STREET ADDRESS	05503 BIG BASS LANE	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEINMETZ, LORETTA J	
STREET ADDRESS	36952 LAKE ROAD	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COOPER, LINDA	
STREET ADDRESS	05507 SUNSET DR.	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, PATTY	
STREET ADDRESS	5530 EAGLES WEST RD	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, ED	
STREET ADDRESS	05451 SUNSET DR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000451775
 03/10/06-80066-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ DATE **2/26/06**

(Handwritten notes)
 #513-9580118- AFET MAY
 #36952 LAKE RD