FILE NOW: FILING FEE IS \$61.25

Mailing Address 277 MAGNOLIA AVENUE

WINTER HAVEN FL 33880-2902

NONPROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if changed

SIGNATURE AND TY

SIGNATURE: ___

Principal Place of Business

277 MAGNOLIA AVENUE WINTER HAVEN FL 33880



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name N95000001207 (8)

EAGLE HEIGHTS HOME OWNERS ASSOCIATION, INC.

2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Country Country Zip 24 25 29 9. Name and Address of Current Registered Agent Name TUCKER, L.D. 82 Street Address 277 MAGNOLIA AVE. 83 WINTER HAVEN FL 33880 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required wh OFFICERS AND DIRECTORS 12. 13. DELETE TITLE PD 11 TITLE NAME TUCKER, L.D. 1.2 NAME 277 MAGNOLIA AVENUE STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE TUCKER, J.R. 2.2 NAME 277 MAGNOLIA AVENUE STREET ADDRESS 2.3 STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME DANTZLER, RICHARD 3.2 NAME 277 MAGNOLIA AVENUE 3.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP 3.4. CITY - \$T - ZIP DELETE TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 of the receiver or trustee emptylered to execute this report as required by Chapter 617, Florida Statutes; and that my name

FILED Jan 28 1997 8:00am Secretary of State

3. Date Incorporated or Qualified 03/13/1995	3a. Date of Last Report 05/01/1996]
1. FEI Number 59-3371400	<u> </u>		Ap	plied	For	
5. Certificate of Status Desired			.75 A	dditi	onal	
Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
	Yes [] No		199	.032,	
Name and Address of New Reg	latered :	Agent				
(P.O. Box Number is Not Acceptabl	e)					
·		85	Zip (aho.		
ion submits this statement for the pu board of directors. I hereby accept	rpose of	chan	ging its	reg	istered	
en reinstating) ADDITIONS/CHANGES TO OFFICE	DATE.	DIDE	CTOO	C IN	10	ير ا
ADDITIONS/CHANGES TO OFFICE	ENS AINL		hange		Addition	Ì
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