NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90086 032 ****61.25

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500001207

1. Corporation Name

EAGLE	HEIGHTS HOME OWNERS	S ASSOCIATION, INC.				
Principal Place of Business Mailing Address						
277 MAGNOLIA AVENUE 277 MAGNOLIA AVENUE WINTER HAVEN FL 33880 WINTER HAVEN FL 33880						
Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed	******
21		26			03/13/1995	
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied Fo
27					59-3371400	Not Applica
City & State City & State					5. Certifcate of Status Desired	\$8.75 Additions Fee Required
Zip 24	Country 25	Zip 29	Count	у	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
		•	8	Name _i	2 mm. T.)).	
TUCKER, L.D.					Address (P.O. Box Number is Not Acceptable)	
277 MAGNOLIA AVE.			8:	Street A	Address (P.O. Box Number is Not Acceptable)	
WINTER HAVEN FL 33880			8	3		
			8	4 City		FL 85 Zip Code
office of	nt to the provisions of Sections 617.0 r registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such change was at	uthorized b	y the corpor	corporation submits this statement for the purpos ration's board of directors. I hereby accept the a	e of changing its register opointment as registered
SIGNATURI	Signature, typed or printed name of registered	agent and title if applicable (NOTE-	Penistered An	ant cionature rev	quired when reinstating) DATE	
12.		AND DIRECTORS	13.	arginocoro ro	ADDITIONS/CHANGES TO OFFICERS	
TILE	PD	DELETE	1.1 TITLE			Change Ad
NAME	TUCKER, L.D.	_	1.2 NAME	ĺ	•	
STREET ADDRESS 277 MAGNOLIA AVENUE			ET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33880		1.4 CITY-		•	
G117-51-ZIP	171171 L11 1177 L11 1 L 03000		1.4 (/111-	Q1-2II		

D DIRECTORS IN 12 Addition Change Change Addition TITLE □ DEL€TE TUCKER, J.R. 2.2 NAME NAME 277 MAGNOLIA AVENUE 2.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change ■ Addition ☐ DELETE 3.1 TITLE TITLE NAME: DANTZLER, RICHARD 3.2 NAME STREET ADDRESS 277 MAGNOLIA AVENUE 3.3 STREET ADDRESS WINTER HAVEN FL 33880 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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:

LarrySPGNACHORET REQUIRED

941-299-4444

Davtime Phone #

CR2E037

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

85 Zip Code hanging its registered