

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

4-495 6-3006-KC

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -4 PM 3:43

DOCUMENT # **N31818 (0)**
1. Corporation Name
HOMEOWNERS' ASSOCIATION OF EAGLE'S NEST, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**05530 EAGLES NEST ROAD
FRUITLAND PARK FL 34731
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/20/1989	3e. Date of Last Report 04/04/95
4. FEI Number 59-2945946	Applied For Not 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 607.0502 and 607.1508, 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 607.0505, 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KISTENFEGER, WALTER 05451 EAGLES NEST RD FRUITLAND PARK FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD COCHRAN, RAYMOND 05504 BIG BASS LANE FRUITLAND PARK FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BAKER, HAROLD W. 05530 EAGLES NEST ROAD FRUITLAND PARK FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD THORNTON, FLORA D. 36750 BROOK ROAD FRUITLAND PARK FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RENEER, JUDY 05505 SPECKLE PERCH LN FRUITLAND PARK FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUARLES, MAE 05540 EAGLES NEST RD FRUITLAND PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D TAYLOR, THERMON 05447 OSPREY LANE FRUITLAND PARK, FL 34731 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VPD SWARTZ, AUGUST 05447 EAGLES NEST ROAD FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D YONKERS, JAMES 05451 CATFISH LANE FRUITLAND PARK, FL 34731 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	SD ANN KISTENFEGER 05451 EAGLES NEST ROAD FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D COWDEN, GARLAND 36950 LAKE ROAD FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D SAVOIE, MAURICE 36926 LILLY PAD LOOP FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold W. Baker **HAROLD W. BAKER** 24 MAR 95 904-728-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Officer/Treasurer