

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business  
**36926 LILLY PAD LOOP**  
**FRUITLAND PARK FL 34731**  
US

Mailing Address  
**36926 LILLY PAD LOOP**  
**FRUITLAND PARK FL 34731**  
US

3. Date Incorporated or Qualified **04/20/1989** 3a. Date of Last Report **04/04/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-2945946</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Country		Country			
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DUGGAN, J ROBERT</b> <b>1029 W MAGNOLIA</b> <b>LEESBURG FL 34748</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KISTENFEGER, WALTER</b>		12 NAME				
STREET ADDRESS	<b>05451 EAGLES NEST RD</b>		13 STREET ADDRESS				
CITY - ST - ZIP	<b>FRUITLAND PARK FL</b>		14 CITY - ST - ZIP				
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE	21 TITLE	<b>VPD</b>			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SWARTZ, AUGUST</b>		22 NAME	<b>YONKERS, JIM</b>			
STREET ADDRESS	<b>05447 EAGLES NEST ROAD</b>		23 STREET ADDRESS	<b>05451 CAT FISH LN.</b>			
CITY - ST - ZIP	<b>FRUITLAND PARK FL</b>		24 CITY - ST - ZIP	<b>FRUITLAND PARK, FL 34731</b>			
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE	31 TITLE	<b>TD</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKER, HAROLD W.</b>		32 NAME	<b>SAVOIE, MAURICE</b>			
STREET ADDRESS	<b>05530 EAGLES NEST ROAD</b>		33 STREET ADDRESS	<b>36926 LILLY PAD LOOP</b>			
CITY - ST - ZIP	<b>FRUITLAND PARK FL</b>		34 CITY - ST - ZIP	<b>FRUITLAND PARK, FL 34731</b>			
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE	41 TITLE	<b>SD</b>			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KISTENFEGER, ANN</b>		42 NAME	<b>MARTIN ROY</b>			
STREET ADDRESS	<b>05461 EAGLES NEST ROAD</b>		43 STREET ADDRESS	<b>05449 EAGLES NEST RD</b>			
CITY - ST - ZIP	<b>FRUITLAND PARK FL</b>		44 CITY - ST - ZIP	<b>FRUITLAND PARK FL 34731</b>			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	51 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COWDEN, GARLAND</b>		52 NAME				
STREET ADDRESS	<b>36950 LAKE ROA</b>		53 STREET ADDRESS				
CITY - ST - ZIP	<b>FRUITLAND PARK FL</b>		54 CITY - ST - ZIP				
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	61 TITLE	<b>D</b>			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAVOIE, MAURICE</b>		62 NAME	<b>TAYLOR THERMON</b>			
STREET ADDRESS	<b>36926 LILLY PAD LOOP</b>		63 STREET ADDRESS	<b>05447 OSPREY LE</b>			
CITY - ST - ZIP	<b>FRUITLAND PARK FL</b>		64 CITY - ST - ZIP	<b>FRUITLAND PARK FL 34731</b>			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maurice M Savoie MAURICE M SAVOIE 03-06-96 1-352-728-1530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)