

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N05179** (9)

1. Corporation Name

**EAGLE ISLAND ESTATES PROPERTY OWNERS ASSOCIATION
, INC.**



Principal Place of Business

Mailing Address

P O BOX 235
P. O. BOX 235
LAND-O-LAKES FL 34639
US

P O BOX 235
P. O. BOX 235
LAND-O-LAKES FL 34639
US

3. Date Incorporated or Qualified
09/17/1984

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2902801

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JETTE, WILLIAM E.
5225 EAGLE BLVD
LAND O'LAKES FL 34639**

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 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

William E. Jette

WILLIAM E JETTE PRESIDENT

3/5/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPDT** ☐ DELETE
NAME **WHITAKER, EDWARD V**
STREET ADDRESS **24020 STARLING CIRCLE**
CITY-ST-ZIP **LAND O'LAKES FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **DAVEY, MARTHA B.**
1.3 STREET ADDRESS **5112 SWALLOW DRIVE**
1.4 CITY-ST-ZIP **LAND O'LAKES FL 34639**

TITLE **PD** ☐ DELETE
NAME **JETTE, WILLIAM E**
STREET ADDRESS **5225 EAGLE BLVD.**
CITY-ST-ZIP **LAND O'LAKES FL**

2.1 TITLE **D** ☐ Change ☐ Addition
2.2 NAME **GOLD, RONALD**
2.3 STREET ADDRESS **24017 STARLING CIRCLE**
2.4 CITY-ST-ZIP **LAND O' LAKES FL 34639**

TITLE **D** ☒ DELETE
NAME **SMITH, KENT**
STREET ADDRESS **5406 SWALLOW DR**
CITY-ST-ZIP **LAND O'LAKES FL**

3.1 TITLE **DS** ☐ Change ☐ Addition
3.2 NAME **HUDAK, ELLEN M.**
3.3 STREET ADDRESS **5417 EAGLE BLVD**
3.4 CITY-ST-ZIP **LAND O' LAKES FL 34639**

TITLE **DS** ☒ DELETE
NAME **ANDERSON, PATRICIA**
STREET ADDRESS **24305 BOB WHITE COURT**
CITY-ST-ZIP **LAND O'LAKES FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **CEVASCO, ROBERT**
STREET ADDRESS **5409 SWALLOW DRIVE**
CITY-ST-ZIP **LAND O'LAKES FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **SCHWEITZER, SUSAN**
STREET ADDRESS **24309 BOB WHITE COURT**
CITY-ST-ZIP **LAND O'LAKES FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

William E. Jette

WILLIAM E JETTE

3/5/96

813-996-5961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)