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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31818** (0)
1. Corporation Name
HOMEOWNERS' ASSOCIATION OF EAGLE'S NEST, INC.



Principal Place of Business 5451 EAGLES NEST RD 5451 EAGLES NEST RD FRUITLAND PARK FL 34731 US	Mailing Address 5451 EAGLES NEST RD 5451 EAGLES NEST RD FRUITLAND PARK FL 34731-5703 US
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2. Principal Place of Business 21 5451 EAGLES NEST RD.		2a. Mailing Address 26 5451 EAGLES NEST RD		3. Date Incorporated or Qualified 04/20/1989	3a. Date of Last Report 03/11/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2945946	Applied For Not Applicable
23 City & State FRUITLAND PARK		28 City & State FRUITLAND PARK		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 34731		29 Zip 34731		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country USA		30 Country USA		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 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 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 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KISTENFEGER, WALTER	1.2 NAME	WILLIAMS, DELORES
STREET ADDRESS	05451 EAGLES NEST RD	1.3 STREET ADDRESS	05510 CATFISH LANE
CITY-ST-ZIP	FRUITLAND PARK FL	1.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YONKERS, JIM	2.2 NAME	MILLER, ROBERT C.
STREET ADDRESS	05451 CATFISH LN	2.3 STREET ADDRESS	05620 EAGLES NEST RD.
CITY-ST-ZIP	FRUITLAND PARK FL	2.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVOIE, MAURICE	3.2 NAME	KISTENFEGER, WALTER A.
STREET ADDRESS	36926 LILLY PAD LOOP	3.3 STREET ADDRESS	05451 EAGLES NEST RD.
CITY-ST-ZIP	FRUITLAND PARK FL	3.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY MARTIN	4.2 NAME	SAVOIE, MAURICE
STREET ADDRESS	05449 EAGLES NEST RD	4.3 STREET ADDRESS	36926 LILLY PAD LOOP
CITY-ST-ZIP	FRUITLAND PARK FL	4.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWDEN, GARLAND	5.2 NAME	YONKERS, JIM
STREET ADDRESS	36950 LAKE ROA	5.3 STREET ADDRESS	05451 CATFISH LANE
CITY-ST-ZIP	FRUITLAND PARK FL	5.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERMON, TAYLOR	6.2 NAME	MARTIN, ROY
STREET ADDRESS	05447 OSPREY LN	6.3 STREET ADDRESS	05449 EAGLES NEST RD
CITY-ST-ZIP	FRUITLAND PARK FL	6.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731

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 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: **Walter A. Kistenfeger** **WALTER A. KISTENFEGER** (OTHER 815-433-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
P. O. BOX, FL. 4276 0089687

CR2E037 (9/96)