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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31818

1. Corporation Name

HOMEOWNERS' ASSOCIATION OF EAGLE'S NEST, INC.

Principal Place of Business

36952 LAKE ROAD
FRUITLAND PARK FL 34731
US

Mailing Address

36952 LAKE ROAD
FRUITLAND PARK FL 34731
US

2. Principal Place of Business

21 36952 LAKE ROAD

Suite, Apt. #, etc.

22

City & State

23 FRUITLAND PARK

Zip Country

24 34731 25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28 SAME

Zip Country

29 34731 30 USA

3. Date Incorporated or Qualified

04/20/1989

4. FEI Number

59-2945946

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

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, DELORES	1.2 NAME	HELEN PAHMIER
STREET ADDRESS	05510 CATFISH LANE	1.3 STREET ADDRESS	05500 OSPREY LANE
CITY-ST-ZIP	FRUITLAND PARK FL 34731	1.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ROBERT C	2.2 NAME	JAMES FOLSOM
STREET ADDRESS	05620 EAGLESNEST RD	2.3 STREET ADDRESS	05449 SPECKLE PERCH LANE
CITY-ST-ZIP	FRUITLAND PARK FL 34731	2.4 CITY-ST-ZIP	FRUITLAND PARK, FL. 34731
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMETZ, LORETTA J	3.2 NAME	
STREET ADDRESS	36952 LAKE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ROY	4.2 NAME	
STREET ADDRESS	05449 EAGLES NEST RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMETZ, MARTIN W	5.2 NAME	
STREET ADDRESS	36952 LAKE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWDEN, GARLAND	6.2 NAME	
STREET ADDRESS	36950 LAKE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

1-352-8150605