

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90114 047 \*\*\*\*61.25

0081663

**DOCUMENT # N31818**

1. Entity Name

**HOMEOWNERS' ASSOCIATION OF EAGLE'S NEST, INC.**

Principal Place of Business

Mailing Address

36952 LAKE ROAD  
 FRUITLAND PARK FL 34731  
 US

36952 LAKE ROAD  
 FRUITLAND PARK FL 34731  
 US

**740653**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**36952 LAKE RD**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FRUITLAND PARK, FL.**

**SAME**

4. FEI Number

**59-2945946**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34731 LAKE**

**SAME**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUGGAN, J ROBERT**  
**1029 W MAGNOLIA**  
**LEESBURG FL 34748**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>P</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>BLACK JR, WILLIAM W</b>     |  |
| STREET ADDRESS | <b>05536 EAGLES NEST RD</b>    |  |
| CITY-ST-ZIP    | <b>FRUITLAND PARK FL 34731</b> |  |
| TITLE          | <b>VP</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>WILLIAMS, ROE C</b>         |  |
| STREET ADDRESS | <b>05451 CATFISH LANE</b>      |  |
| CITY-ST-ZIP    | <b>FRUITLAND PARK FL 34731</b> |  |
| TITLE          | <b>TD</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>STEINMETZ, LORETTA J</b>    |  |
| STREET ADDRESS | <b>36952 LAKE ROAD</b>         |  |
| CITY-ST-ZIP    | <b>FRUITLAND PARK FL 34731</b> |  |
| TITLE          | <b>SD</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MARTIN, ROY F</b>           |  |
| STREET ADDRESS | <b>05441 OSPREY LANE</b>       |  |
| CITY-ST-ZIP    | <b>FRUITLAND PARK FL 34731</b> |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>STEINMETZ, MARTIN W</b>     |  |
| STREET ADDRESS | <b>36952 LAKE ROAD</b>         |  |
| CITY-ST-ZIP    | <b>FRUITLAND PARK FL 34731</b> |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>COWDEN, GARLAND</b>         |  |
| STREET ADDRESS | <b>05540 EAGLES NEST RD</b>    |  |
| CITY-ST-ZIP    | <b>FRUITLAND PARK FL 34731</b> |  |

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | <b>SECRETARY ID.</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>DARLENE BLACK</b>             |  |
| STREET ADDRESS | <b>05536 EAGLES NEST RD</b>      |  |
| CITY-ST-ZIP    | <b>FRUITLAND PARK, FL. 34731</b> |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Loretta J Steinmetz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/2001** **1-352 3150605**  
 Date Daytime Phone #

CR2E037 (10/00)