1-3523150605

1-513-9280118

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am § Secretary of State **DOCUMENT # N31818** 1. Entity Name 04-11-2001 90114 047 ****61 25 HOMEOWNERS' ASSOCIATION OF EAGLE'S NEST, INC. Principal Place of Business Mailing Address 36952 LAKE ROAD 36952 LAKE ROAD 740653 FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731 US 2. Principal Place of Business 3. Mailing Address 36952 LAKE R DSAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2945946 SAME Not Applicable Zip Country \$8.75 Additional___ 5. Certificate of Status Desired _ _ _ カビ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DUGGAN, J ROBERT 1029 W MAGNOLIA LEESBURG FL 34748 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SECRETARY ID. DARLENE BLACK 05536 EAGLES NEST RD TITLE ☐ Change Addition TITLE Delete BLACK JR. WILLIAM W NAME NAME STREET ADDRESS 05536 EAGLES NEST RD STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK FL 34731 CITY-ST-ZIP FRUITZAND PARK FL. 34731 TITLE ☐ Delete TITLE ☐ Change Addition WILLIAMS, ROE C NAME NAME STREET ADDRESS STREET ADDRESS 05451 CATFISH LANE CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL 34731 ☐ Delete ☐ Addition TITLE TITLE ☐ Change STEINMETZ, LORETTA J NAME NAME STREET ADDRESS STREET ADDRESS 36952 LAKE ROAD CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL 34731 TITLE Delete Delete TITLE ☐ Change Addition MARTIN, ROY F NAME STREET ADDRESS STREET ADDRESS 05441 OSPREY LANE CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL 34731 Delete TITLE ☐ Change Addition TITLE NAME STEINMETZ, MARTIN W NAME STREET ADDRESS 36952 LAKE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE FRUITLAND PARK FL 34731 TITLE ☐ Delete TITLE ☐ Change Addition NAME COWDEN, GARLAND NAME STREET ADDRESS STREET ADDRESS 05540 EAGLES NEST RD CITY-ST-ZIP FRUITLAND PARK FL 34731

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

ddress, with all other like empowered.

ED NAME OF SIGNING OFFICERIOR DIRECTOR

changed, or on an attachment with

SIGNATURE: