

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31818

1. Entity 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

36952 LAKE ROAD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FRUITLAND PARK, FL.

City & State

SAME

Zip

34731

Country

LAKE

Zip

SAME

Country

4. FEI Number

59-2945946

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUGGAN, J ROBERT
1029 W MAGNOLIA
LEESBURG FL 34748

7. Name and Address of New Registered Agent

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

TITLE: P
NAME: BLACK JR, WILLIAM W
STREET ADDRESS: 05536 EAGLES NEST RD
CITY-ST-ZIP: FRUITLAND PARK FL 34731 ☐ Delete

TITLE: VP
NAME: WILLIAMS, ROE C
STREET ADDRESS: 05451 CATFISH LANE
CITY-ST-ZIP: FRUITLAND PARK FL 34731 ☐ Delete

TITLE: TD
NAME: STEINMETZ, LORETTA J
STREET ADDRESS: 36952 LAKE ROAD
CITY-ST-ZIP: FRUITLAND PARK FL 34731 ☐ Delete

TITLE: SD
NAME: BLACK, DARLENE
STREET ADDRESS: 05536 EAGLES NEST RD.
CITY-ST-ZIP: FRUITLAND PARK FL 34731 ☐ Delete

TITLE: D
NAME: STEINMETZ, MARTIN W
STREET ADDRESS: 36952 LAKE ROAD
CITY-ST-ZIP: FRUITLAND PARK FL 34731 ☐ Delete

TITLE: D
NAME: COWDEN, GARLAND
STREET ADDRESS: 05540 EAGLES NEST RD
CITY-ST-ZIP: FRUITLAND PARK FL 34731 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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

3/9/2002

(513-9880118)

3523150605

Date

Daytime Phone #

CR2E037 (9/01)