


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90302 013 ****61.25

DOCUMENT # N31818
 1. Entity Name
HOMEOWNERS' ASSOCIATION OF EAGLE'S NEST, INC.



Principal Place of Business Mailing Address
36952 LAKE ROAD **36952 LAKE ROAD**
FRUITLAND PARK FL 34731 **FRUITLAND PARK FL 34731**
US **US**

54021138



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
36952 LAKE ROAD **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FRUITLAND PARK, FL **/**

4. FEI Number Applied For
59-2945946 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
DUGGAN, J ROBERT
1029 W MAGNOLIA
LEESBURG FL 34748

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Numbers 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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	BLACK JR, WILLIAM W	<input checked="" type="checkbox"/> Delete
NAME		36702 SPRING ROAD	
STREET ADDRESS		FRUITLAND PARK FL 34731	
CITY-ST-ZIP			
TITLE	VP	MILLER, ROBERT	<input checked="" type="checkbox"/> Delete
NAME		05620 EAGLES NEST ROAD	
STREET ADDRESS		FRUITLAND PARK FL 34731	
CITY-ST-ZIP			
TITLE	TD	STEINMETZ, LORETTA J	<input type="checkbox"/> Delete
NAME		36952 LAKE ROAD	
STREET ADDRESS		FRUITLAND PARK FL 34731	
CITY-ST-ZIP			
TITLE	SD	COOPER, LINDA	<input type="checkbox"/> Delete
NAME		05507 SUNSET DR.	
STREET ADDRESS		FRUITLAND PARK FL 34731	
CITY-ST-ZIP			
TITLE	D	COOPER, FRED - PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME		05507 SUNSET DR.	
STREET ADDRESS		FRUITLAND PARK FL 34731	
CITY-ST-ZIP			
TITLE	D	COWDEN, GARLAND	<input type="checkbox"/> Delete
NAME		05540 EAGLES NEST RD	
STREET ADDRESS		FRUITLAND PARK FL 34731	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, FRED	
STREET ADDRESS	05507 SUNSET DR	
CITY-ST-ZIP	FRUITLAND PARK, FL. 34731	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY CARMICHAEL	
STREET ADDRESS	05447 OSPREY LANE	
CITY-ST-ZIP	FRUITLAND PARK, FL. 34731	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE WILLIAMS	
STREET ADDRESS	05450 CATFISH LANE	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CECIL PEAK	
STREET ADDRESS	05503 BIG BASS LANE	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON TINGLE	
STREET ADDRESS	05450 BIG BASS LANE	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
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 LORETTA J. STEINMETZ Date: 3/14/04 Daytime Phone #: (513-988-0118) 352-3150605