

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90120 048 \*\*\*\*61.25

**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**

Suite, Apt. #, etc.

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

**FRUITLAND PARK, FL.**

City & State

**/**

4. FEI Number **59-2945946**

Applied For

Not Applicable

Zip

**34731**

Country

**LAKE**

Zip

**same**

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES

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. 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**

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

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 checked="" 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>BLACK, DARLENE</b>	
STREET ADDRESS	<b>05536 EAGLES NEST RD.</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	
TITLE	<b>D</b>	<input checked="" 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>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM W. BLACK JR.</b>	
STREET ADDRESS	<b>36702 SPRING RD.</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK, FL 34731</b>	
TITLE	<b>VICE - PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT MILLER</b>	
STREET ADDRESS	<b>05620 EAGLES NEST ROAD</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	<b>SECRETARY/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LINDA COOPER</b>	
STREET ADDRESS	<b>05507 SUNSET DR.</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK, FL 34731</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRED COOPER</b>	
STREET ADDRESS	<b>05507 SUNSET DR</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		

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** 3/22/03 (513-988-0118) 352-3150605

CFR2E037 (10/02)