

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31818

**Entity Name:** HOMEOWNERS' ASSOCIATION OF EAGLE'S NEST, INC.

**Current Principal Place of Business:**

36952 LAKE RD.  
FRUITLAND PARK, FL 34731

**Current Mailing Address:**

36952 LAKE RD.  
FRUITLAND PARK, FL 34731 US

**FEI Number:** 59-2945946

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            BROWN, JOHN  
Address        05450 SPECKLE PERCH LN  
City-State-Zip: FRUITLAND PARK FL 34731

Title            VP  
Name            NUNLEY, RANDY  
Address        05505 SPECKLED PERCH LN  
City-State-Zip: FRUITLAND PARK FL 34731

Title            T  
Name            BRAUN, MARY  
Address        05508 EAGLE'S NEST ROAD  
City-State-Zip: FRUITLAND PARK FL 34731

Title            D  
Name            RAIZOR, JULE  
Address        05504 BIG BASS LANE  
City-State-Zip: FRUITLAND PARK FL 34731

Title            S  
Name            GRIFFIN, PATTI  
Address        05530 EAGLES NEST RD  
City-State-Zip: FRUITLAND PARK FL 34731

Title            D  
Name            RIDDELL, DONNIE  
Address        05536 EAGLES NEST RD  
City-State-Zip: FRUITLAND PARK FL 34731

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARY BRAUN**

**TREASURER**

**03/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date