FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:44

DOCUMENT # **762712** **(8)**

1. Corporation Name
EAGLE CHASE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3238 GOLDEN EAGLE LANE SARASOTA FL 34231-7380	3238 GOLDEN EAGLE LANE SARASOTA FL 34231-7380

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1982
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2435804 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOOM, JANE.
3210 GOLDEN EAGLE LN.
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR	11 TITLE	TR SUBJECT. ☐ Change ☒ Addition
NAME	BOOM, JANE	12 NAME	LOIS LOWERY .D.
STREET ADDRESS	3210 GOLDEN EAGLE LN	13 STREET ADDRESS	3234 Golden Eagle Ln.
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	SARASOTA FL. 34231
TITLE	P	21 TITLE	PRES. ☒ Change ☐ Addition
NAME	KIDNEY, JANE	22 NAME	JAN CARPER
STREET ADDRESS	3215 GOLDEN EAGLE	23 STREET ADDRESS	3217 Golden Eagle Lane "D"
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	SARASOTA, FL. 34231
TITLE	VP	31 TITLE	VPRES ☐ Change ☒ Addition
NAME	CARPER, JAN	32 NAME	Robert CARTER
STREET ADDRESS	3217 GOLDEN EAGLE LN	33 STREET ADDRESS	3237 Golden Eagle Ln. "D"
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	SARASOTA, FL. 34231
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	BOOM, JANE JR	42 NAME	
STREET ADDRESS	3210 GOLDEN EAGLE LN	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janice Carper 3/26/95 922 5403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018162