2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# 766967

Entity Name: EAGLES NEST OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1 EAGLES WEST
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

5 EAGLES NEST
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3022706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALCORN, JOANNE
5 EAGLES NEST
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RUGGIERI, MARK J.
Address: 1 EAGLES NEST
City-St-Zip: WINTER HAVEN, FL 00000, 33881

Title: VP ( ) Delete
Name: KING, BARBARA F
Address: 22 EAGLES WEST
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: SD ( ) Delete
Name: KING, BARBARA F
Address: 22 EAGLES NEST
City-St-Zip: WINTER HAVEN, FL 00000,

Title: TD ( ) Delete
Name: ALCORN, JOANNE
Address: 5 EAGLES WEST
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: KESINGER, MICHAEL
Address: 4 EAGLES WEST
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOANNE L. ALCORN TD 01/10/2007
Electronic Signature of Signing Officer or Director — Date