

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90055 030 ****61.25

DOCUMENT # N37100

1. Entity Name

**EAGLES NEST ESTATES PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**600 SOUTH PARROTT AVE.
OKEECHOBEE FL 34974**

Mailing Address

**600 SOUTH PARROTT AVE.
OKEECHOBEE FL 34974**

50016821



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0356650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOOKER, DEBORAH M
401 N.W. 6TH STREET
OKEECHOBEE FL 34972**

7. Name and Address of New Registered Agent

Name

Christina P. Hooker

Street Address (P.O. Box Number is Not Acceptable)

600 South Parrott Avenue

City

Okeechobee

FL

Zip Code

34974-5136

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

Christina P. Hooker - *Christina P. Hooker*

02/11/05

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, 2005**

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 | PD | <input type="checkbox"/> Delete |
| NAME | PELAEZ, RALPH | |
| STREET ADDRESS | 600 S PARROTT AVE | |
| CITY-ST-ZIP | OKEECHOBEE FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | KLEIN, LUZ VICTORIA P. | |
| STREET ADDRESS | 600 S PARROTT AVE | |
| CITY-ST-ZIP | OKEECHOBEE FL | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | HOOKE, CHRISTINA | |
| STREET ADDRESS | 600 S PARROTT AVE | |
| CITY-ST-ZIP | OKEECHOBEE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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: *Christina P. Hooker* - *Christina P. Hooker* *02/11/05* *963-763-4629*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #