

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

**HOOKE, CHRISTINA P  
600 SOUTH PARROTT AVENUE  
OKEECHOBEE FL 34974-5136**

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  
Due By May 1, 2008**

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 PD ☐ Delete  
NAME PELAEZ, RALPH  
STREET ADDRESS 600 S PARROTT AVE  
CITY- ST- ZIP OKEECHOBEE FL

TITLE ☐ Change ☐ Addition  
NAME **U000000932368**  
STREET ADDRESS **02/27/08-80055-023 61.25**  
CITY- ST- ZIP

TITLE VD ☐ Delete  
NAME KLEIN, LUZ VICTORIA P.  
STREET ADDRESS 600 S PARROTT AVE  
CITY- ST- ZIP OKEECHOBEE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE STD ☐ Delete  
NAME HOOKE, CHRISTINA  
STREET ADDRESS 600 S PARROTT AVE  
CITY- ST- ZIP OKEECHOBEE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 02/14/08 863-7634671**