

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N40606 (8)

1. Corporation Name

EAGLE'S RIDGE HOMES ASSOCIATION, INC.



Principal Place of Business: 7110 BEECH RIDGE TRAIL TALLAHASSEE FL 32312
Mailing Address: 7110 BEECH RIDGE TRAIL TALLAHASSEE FL 32312

3. Date Incorporated or Qualified: 10/31/1990
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-3106606		Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	Zip			
25	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30		30		8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

BIRSCHBACH, TOM
7110 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESCHER, CHARLES		1.2 NAME	Greg San Gregorio	
STREET ADDRESS	9033 EAGLE'S RIDGE DRIVE		1.3 STREET ADDRESS	1659 Vintage Ridge Ct.	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARACE, JAMES		2.2 NAME	Cassius M. Davison	
STREET ADDRESS	8983 EAGLE'S RIDGE DRIVE		2.3 STREET ADDRESS	1658 Vintage Ridge Ct.	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOEMAKER, ROBERT		3.2 NAME	Gloria Edenfield	
STREET ADDRESS	1630 NEW LEGEND COURT		3.3 STREET ADDRESS	1627 New Legend Ct.	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARX, AL		4.2 NAME	Hossein Borhani	
STREET ADDRESS	1627 EAGLE'S WATCH WAY		4.3 STREET ADDRESS	9009 Eagles Ridge Dr.	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	Director, Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINNICK, BRUCE		5.2 NAME	Gene Hawkins	
STREET ADDRESS	9002 EAGLES RIDGE DR		5.3 STREET ADDRESS	9055 Eagles Ridge Dr.	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDENFIELD, JOHN		6.2 NAME	Neil Meoni	
STREET ADDRESS	1627 NEW LEGEND CT		6.3 STREET ADDRESS	8982 Eagles Ridge Drive	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	Tallahassee, FL 32312	

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)(k), 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, unchanged or on an attachment with an address.

SIGNATURE:

Greg San Gregorio, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 668-3231
Date Daytime Phone #

CR2E037 (12/95)