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

APPROVED AND FILED

95 MAR 15 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44151 (1)

1. Corporation Name

EAGLE WATCH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8515 RIVERVIEW RIVERVIEW FL 33569	8515 RIVERVIEW RIVERVIEW FL 33569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1991	3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-3081273	☐ Applied For ☐ Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21 8925 Eagle Watch	26 P.O. BOX 3341
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Riverview, FL	28 City & State: Riverview, FL
24 Zip: 33569 25 Country: Hills	29 Zip: 33569 30 Country: Hills

9. Name and Address of Current Registered Agent

CROSS, GLEN E.
8925 EAGLE WATCH DRIVE
RIVERVIEW FL 33569

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ZABEL, PAULINE	1.2 NAME	
STREET ADDRESS	8914 EAGLE WATCH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTSON, JOE	2.2 NAME	
STREET ADDRESS	8813 CROSSWOOD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, MARYLYNN	3.2 NAME	
STREET ADDRESS	8901 EAGLE WATCH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	HORTON, LINDA	4.2 NAME	
STREET ADDRESS	8913 EAGLE WATCH DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CROSS, GLEN E	5.2 NAME	
STREET ADDRESS	8925 EAGLE WATCH DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____ Glen E. Cross 3/8/95 (813) 671-2895
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0052810