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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N44151 (1)

1. Corporation Name

EAGLE WATCH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8925 EAGLE WATCH RIVERVIEW FL 33569 US	P.O. BOX 2934 RIVERVIEW FL 33568-2834 US

3. Date Incorporated or Qualified: 06/27/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LINDA T. WILLIAMS
8916 EAGLE WATCH DRIVE
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name: Dohnia G. Cwik
82 Street Address (P.O. Box Number is Not Acceptable): 8910 EAGLE WATCH DR
83
84 City: Riverview **FL** 85 Zip Code: 33569

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 _____ 4/19/97
Signature, type 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	PD	☑ DELETE	1.1 TITLE	VPD	☐ Change ☑ Addition
NAME	WHERRY, JIM		1.2 NAME	HAYDEN, TOM	
STREET ADDRESS	8816 CROSSWOOD CRT.		1.3 STREET ADDRESS	8802 EAGLE WATCH DR.	
CITY-ST-ZIP	RIVERVIEW FL		1.4 CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VPD	☐ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	UPCHURCH, STEVEN		2.2 NAME	UPCHURCH, STEVEN	
STREET ADDRESS	8808 CROSSWOOD CRT		2.3 STREET ADDRESS	8808 CROSSWOOD CT	
CITY-ST-ZIP	RIVERVIEW FL		2.4 CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	SD	☑ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	MAHONEY, RUTH		3.2 NAME	BOEGLER, KELLY	
STREET ADDRESS	8806 CROSS LANDING LANE		3.3 STREET ADDRESS	8904 EAGLE WATCH DR	
CITY-ST-ZIP	RIVERVIEW FL		3.4 CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	TD	☑ DELETE	4.1 TITLE	TD	☐ Change ☑ Addition
NAME	WILLIAMS, LINDA		4.2 NAME	CWIK, DOHNIA	
STREET ADDRESS	8916 EAGLE WATCH DR.		4.3 STREET ADDRESS	8910 EAGLE WATCH DR.	
CITY-ST-ZIP	RIVERVIEW FL		4.4 CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 furthor 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 _____ 4/19/97 813-677-2911