

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44151** (1)
1. Corporation Name
EAGLE WATCH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 8925 EAGLE WATCH RIVERVIEW FL 33569 US	Mailing Address P.O. BOX 2934 RIVERVIEW FL 33569 US
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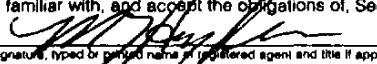
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 06/27/1991	Applied For 59-3081273	Not Applicable
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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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent CWIK, DONRIA F 8910 EAGLE WATCH DR RIVERVIEW FL 33569	10. Name and Address of New Registered Agent 81 Name HAYDEN, TOM 82 Street Address (P.O. Box Number is Not Acceptable) 8902 EAGLE WATCH DR. 83 84 City RIVERVIEW FL 85 Zip Code 33569
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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  DATE **4-23-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	HAYDEN, TOM	1.2 NAME	HAYDEN, TOM
STREET ADDRESS	8802 EAGLE WATCH DR	1.3 STREET ADDRESS	8902 EAGLE WATCH DR.
CITY-ST-ZIP	RIVERVIEW FL	1.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	VPD ☒ DELETE	2.1 TITLE	VD ☐ Change ☒ Addition
NAME	UPCHURCH, STEVEN	2.2 NAME	LAWRENCE, MICHAEL
STREET ADDRESS	8808 CROSSWOOD CRT	2.3 STREET ADDRESS	8906 EAGLE WATCH DR.
CITY-ST-ZIP	RIVERVIEW FL	2.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	SD ☒ DELETE	3.1 TITLE	SD ☐ Change ☒ Addition
NAME	BOEGLER, KELLY	3.2 NAME	DYER, MARGARET
STREET ADDRESS	8904 EAGLE WATCH DR	3.3 STREET ADDRESS	8922 EAGLE WATCH DR.
CITY-ST-ZIP	RIVERVIEW FL	3.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	TD ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CWIK, DONRIA	4.2 NAME	
STREET ADDRESS	8910 EAGLE WATCH DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	4.4 CITY-ST-ZIP	
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	

14. 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 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:  DATE **4-23-98 8/13-029-0044**

CR2E037 (10/97)