FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N44151

1. Corporation Name

EAGLE WATCH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Busine
8925 EAGLE WATCH RIVERVIEW FL 33569
IIS

Suite, Apt. #, etc.

2. Principal Place of Business

Mailing Address

P.O. BOX 2934 RIVERVIEW FL 33569

2a. Mailing Address

Suite, Apt. #, etc.

US

FILED May 13, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

06/27/1991

59-3081273

4. FEI Number

(Z)		21							40	
City & State	8	City & Sta	City & State				f Status Desired		\$8.75 A	
Zip	Country	Zip	Co	ountry	•	6. Election Ca	mpaign Financing		\$5.00	Mav Be
24	25	29	30				Contribution		Added to	-
••]	9. Name and Address of Curre			~		10. Name and	Address of New R	legistered	Agent	
				81	Name	M'abaal	14.35000	1		
HAVDEN	TOM			82	Stroot A	Michael Address (P.O. Box Nur	Lawvenu			
HAYDEN, TOM 8802 EAGLE WATCH DR RIVERVIEW FL 33569					Sireer	8806 600	rle watc	h Dr.		
					•	100-)			
HIVERVIEY	4 FL 33309								les Zin C	
				84	City •	Rivenieza	,	FL	85 Zp C	5H
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508. F	lorida Statutes, the	above	-named o	omoration submits th	s statement for the	purpose of	changing its r	egistered
office or r	egistered agent, or both, in the State	a of Florida. Such cr	nange was autnoriz	ea by 1	ine corpo	ration's board of direc	tors. I hereby accep	t the appoi	ntment as reg	istered
agent. I a	m familiar with, and accept the oblig	ations of, Section o	17.0503, Fiorida Su	alutes.						
SIGNATURE	Signature, typed or printed name of registered ag	ant and title if annicable	(NOTF: Recister	ed Agent	t signature re	quired when reinstating)		DATE		
12.		ND DIRECTORS	1:				CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	PD		DELETE 1.1	TITLE					☐ Change	☐ Addition
NAME	HAYDEN, TOM	•	•	NAME						
STREET ADDRESS	8802 EAGLE WATCH DR		1.3	STREET	ADDRESS					
	RIVERVIEW FL		1 "	CITY-ST	- 1					
CITY-ST-ZIP TITLE	VD			TITLE	-2.11	ON			Change	Addition
	,	_	- - · ·	NAME	ľ	-F 0.			•	
NAME	LAWRENCE, MICHAEL				ADDRESS					
STREET ADDRESS					ŀ					
CITY-ST-ZIP	RIVERVIEW FL 33569			TITLE	1-21	VL			∑ Change	Addition
TITLE	SD MAROARET	L		NAME		V				_
NAME	DYER, MARGARET		I -		ADORESS					
STREET ADDRESS	8922 EAGLE WATCH DR		• • •							
CITY-ST-ZIP	RIVERVIEW FL 33569			. CITY-S	1	TD			Change	Addition
TITLE		L			-	Jeana D. 1 8924 Eagle	Marvin			~
NAME				NAME		gazia Godle	watch D	r.		
STREET ADDRESS						Riverview.	E 32	569		
CITY-ST-ZIP		·		CITY-ST	-ZIP		<u> FU J3</u>	701	☐ Change	№ Addition
TITLE		L		NAME		Sh Kelly Boegle			oago	,
NAME			-		ADDRESS	8904 Eagle	with Dr.			
STREET ADDRESS							FL 3356	P		
CITY-ST-ZIP				CITY-ST	1-212	Kiverview,	FL 3330	.4	Change	Addition
TITLE	l .	L	1							
NAME			1	NAME						
STREET ADDRESS			:		ADDRESS					
CITY-ST-ZIP	<u></u>			CITY-S1		140.07/01/	o Fig. 23. Character	I 6	tifi. that the !-	formation
14. I hereby	certify that the information supplied on this annual report or supplement	with this filing does r	not qualify for the e	xempti nd that	on stated	in Section 119.07(3)(i), rionda Statutes. Ime legal effect as i	ι ιυππer cer f made und	ແທງ ເກສເ ເກe ທ er 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, with all other like empowered.

SIGNATURE: <

CONSTRUCTION OF SIGNING OFFICER OR DIRECTOR

Applied For

Not Applicable