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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90155 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001825

1. Corporation Name

EAGLE'S RIDGE PHASE II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2585 CENTERVILLE ROAD
TALLAHASSEE FL 32308

Mailing Address

2585 CENTERVILLE ROAD
TALLAHASSEE FL 32308



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 9 CRESTED EAGLE DR	26 2701 CRAWFORDVILLE HWY	03/30/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27 Box 251	59-3560193
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23 CRAWFORDVILLE FL	28 CRAWFORDVILLE FL	\$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24 32327 25 USA	29 32327 30 USA	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CUTCHIN, GENE
2585 CENTERVILLE ROAD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name	DON SHAWLEY
82 Street Address (P.O. Box Number is Not Acceptable)	9 CRESTED EAGLE DR
83	
84 City	CRAWFORDVILLE FL
85 Zip Code	32327

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 *Donal Shawley, President* **4-23-99**
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D CUTCHIN, GENE	1.2 NAME	DON SHAWLEY
STREET ADDRESS	2585 CENTERVILLE ROAD	1.3 STREET ADDRESS	9 CRESTED EAGLE DR
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	CRAWFORDVILLE FL 32327
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D CUTCHIN, ELMA	2.2 NAME	JAMES BRADLEY
STREET ADDRESS	2585 CENTERVILLE ROAD	2.3 STREET ADDRESS	15 RING TAILED EAGLE DR
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	CRAWFORDVILLE FL 32327
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDOWELL, LINDA B	3.2 NAME	BETSY CRAWFORD
STREET ADDRESS	28 RING TRAILED EGALE DR.	3.3 STREET ADDRESS	58 EAGLE'S RIDGE OR
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	3.4 CITY-ST-ZIP	CRAWFORDVILLE FL 32327
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Donal Shawley, President* **4-23-99** **850-926-9351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)