

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:12

DOCUMENT # 756245 (7)

1. Corporation Name
EAGLE'S NEST HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
HIGHWAY 308 STAR RT. 1, BOX 152 CRESCENT CITY FL 32112
HIGHWAY 308 STAR RT. 1, BOX 152 CRESCENT CITY FL 32112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quoted 02/09/1981 3a. Date of Last Report 01/21/1994
4. FEI Number 59-3138154 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 Hc 1 Box 143BB 26 Hc 1 Box 143BB
22 State, Apt. #, etc. 27 State, Apt. #, etc.
23 Crescent City 28 Crescent City
24 32112 25 Putnam 29 32112 30 Putnam

9. Name and Address of Current Registered Agent
MOLLER, ELEANOR G.
HIGHWAY 308, STAR RT. 1, BOX 152
CRESCENT CITY FL 32112

10. Name and Address of New Registered Agent
81 Name Patricia A Mather
82 Street Address (P.O. Box Number is Not Acceptable) Hc 1 Box 143BB Highway 308
83
84 City Crescent City FL 85 Zip Code 32112

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 607.1505, Florida Statutes.

SIGNATURE *Patricia A Mather*

NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	BENNETT, JAMES F
STREET ADDRESS	STAR RT 1, BOX 143
CITY-ST-ZIP	CRESCENT CITY FL
TITLE	PD
NAME	LYON, MICHAEL E
STREET ADDRESS	STAR RT. 1, BOX 153B
CITY-ST-ZIP	CRESCENT CITY FL 32112
TITLE	STD
NAME	MOLLER, ELEANOR G.
STREET ADDRESS	STAR RT. 1, BOX 152
CITY-ST-ZIP	CRESCENT CITY, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	STD Patricia A Mather
33 STREET ADDRESS	Hc 1 Box 143BB Crescent City FL
34 CITY-ST-ZIP	32112
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(3)(g), 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an amendment with an address.

SIGNATURE: *Patricia A Mather* Patricia A. Mather 2/7/95 (404) 467-3566
SECRETARY OF STATE