


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)-**

FILED
Apr 07, 2004 8:00 am
Secretary of State

02-26-2004 90002 049 ****61.25

DOCUMENT # 756245					
1. Entity Name EAGLE'S NEST HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 105 EAGLES NEST DRIVE CRESCENT CITY FL 32112 US			Mailing Address P.O. BOX 943 CRESCENT CITY FL 32112 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3138154	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FETCKO, JOHN T 105 EAGLES NEST DRIVE CRESCENT CITY FL 32112			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
			State FL		
			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	D GOODGER, ROGER	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	125 EAGLES NEST LANE CRESCENT CITY FL 32112		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	DS MAHANOR, BOB	<input checked="" type="checkbox"/> Delete	TITLE NAME	D SCOTT, PETER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	111 EAGLES NEST DRIVE CRESCENT CITY FL 32112		STREET ADDRESS CITY-ST-ZIP	109 EAGLES NEST DRIVE CRESCENT CITY, FL 32112	
TITLE NAME	V BENNETT, JIM	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	127 EAGLES NEST LANE CRESCENT CITY FL 32112		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	P FETCKO, JOHN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	105 EAGLES NEST DRIVE CRESCENT CITY FL 32112		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D GOOLSBY, JIM	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1717 CR 308 CRESCENT CITY FL 32112		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John Fetcko</i>		President		3/26/04 386-467-8236	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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MOORE CR2E037 (11/03)