


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2005 08:00 AM
Secretary of State

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: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



1st MOORE CR2E037 (10/04)
 4. FEI Number: **59-3138154** Applied For / Not Applicable
 5. Certificate of Status Desired **\$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: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ 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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	GOODGER, ROGER
STREET ADDRESS	125 EAGLES NEST LANE
CITY-ST-ZIP	CRESCENT CITY FL 32112
TITLE	D <input type="checkbox"/> Delete
NAME	SCOTT, PETER
STREET ADDRESS	109 EAGLES NEST DRIVE
CITY-ST-ZIP	CRESCENT CITY FL 32112
TITLE	V <input type="checkbox"/> Delete
NAME	BENNETT, JIM
STREET ADDRESS	127 EAGLES NEST LANE
CITY-ST-ZIP	CRESCENT CITY FL 32112
TITLE	P <input type="checkbox"/> Delete
NAME	FETCKO, JOHN
STREET ADDRESS	105 EAGLES NEST DRIVE
CITY-ST-ZIP	CRESCENT CITY FL 32112
TITLE	D <input type="checkbox"/> Delete
NAME	GOOLSBY, JIM
STREET ADDRESS	1717 CR 308
CITY-ST-ZIP	CRESCENT CITY FL 32112
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400000239101
 02/22/05-60030-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: [Signature] [Signature] 2/18/05 986-467-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #