

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90128 024 \*\*\*\*61.25



**DOCUMENT # 756245**  
 1. Entity Name  
**EAGLE'S NEST HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**105 EAGLES NEST DRIVE**      **P.O. BOX 943**  
**CRESCENT CITY FL 32112**      **CRESCENT CITY FL 32112**  
**US**      **US**



1st MOORE      CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3138154		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>FETCKO, JOHN T</b> <b>105 EAGLES NEST DRIVE</b> <b>CRESCENT CITY FL 32112</b>				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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODGER, ROGER			NAME			
STREET ADDRESS	125 EAGLES NEST LANE			STREET ADDRESS			
CITY-ST-ZIP	CRESCENT CITY FL 32112			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOTT, PETER			NAME			
STREET ADDRESS	109 EAGLES NEST DRIVE			STREET ADDRESS			
CITY-ST-ZIP	CRESCENT CITY FL 32112			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNETT, JIM			NAME			
STREET ADDRESS	127 EAGLES NEST LANE			STREET ADDRESS			
CITY-ST-ZIP	CRESCENT CITY FL 32112			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FETCKO, JOHN			NAME			
STREET ADDRESS	105 EAGLES NEST DRIVE			STREET ADDRESS			
CITY-ST-ZIP	CRESCENT CITY FL 32112			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOOLSBY, JIM			NAME	BRUCE KOWN		
STREET ADDRESS	1717 CR 308			STREET ADDRESS	113 EAGLES NEST LANE		
CITY-ST-ZIP	CRESCENT CITY FL 32112			CITY-ST-ZIP	CRESCENT CITY, FL 32112		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *John Fetcko*      3/29/06 386-467-8000