

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756245

FILED
Mar 11, 2009
Secretary of State

Entity Name: EAGLE'S NEST HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

105 EAGLES NEST DRIVE
CRESCENT CITY, FL 32112 US

New Principal Place of Business:

101 EAGLES NEST DRIVE
CRESCENT CITY, FL 32112 US

Current Mailing Address:

P.O. BOX 943
CRESCENT CITY, FL 32112 US

New Mailing Address:

FEI Number: 59-3138154 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FETCKO, JOHN T
105 EAGLES NEST DRIVE
CRESCENT CITY, FL 32112 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALDEN, HARVEY
Address: 545 GEORGETOWN SHORTCUT RD
City-St-Zip: CRESCENT CITY, FL 32112

Title: D () Delete
Name: VAYDA, DOUG
Address: 111 EAGLES NEST DR
City-St-Zip: CRESCENT CITY, FL 32112

Title: V () Delete
Name: BENNETT, JIM
Address: 127 EAGLES NEST LANE
City-St-Zip: CRESCENT CITY, FL 32112

Title: P () Delete
Name: FETCKO, JOHN
Address: 105 EAGLES NEST DRIVE
City-St-Zip: CRESCENT CITY, FL 32112

Title: D () Delete
Name: KOWN, BRUCE
Address: 113 EAGLES NEST LN
City-St-Zip: CRESCENT CITY, FL 32112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TOLLER, RICK
Address: 523 GEORGETOWN SHORTCUT ROAD
City-St-Zip: CRESCENT CITY, FL 32112

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN FETCKO

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date