

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 10 1996 8:00 am**  
Secretary of State

**DOCUMENT # 756245 (7)**

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



Principal Place of Business <b>HC1 BOX 14388 CRESCENT CITY FL 32112 US</b>		Mailing Address <b>HC1 BOX 14388 CRESCENT CITY FL 32112 US</b>		3. Date Incorporated or Qualified <b>02/09/1981</b>	3a. Date of Last Report <b>02/16/1995</b>
21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3138154</b>		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MATHER, PATRICIA A. HC1 BOX 14388 HIGHWAY 308 CRESCENT CITY FL 32112</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b>
				85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BENNETT, JAMES F</b>		1.2 NAME	
STREET ADDRESS <b>STAR RT 1, BOX 143</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>CRESCENT CITY FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>XD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LYON, MICHAEL E</b>		2.2 NAME <i>Michael E</i>	
STREET ADDRESS <b>STAR RT. 1, BOX 153B</b>		2.3 STREET ADDRESS <i>HC 1 Box 153B</i>	
CITY-ST-ZIP <b>CRESCENT CITY FL 32112</b>		2.4 CITY-ST-ZIP <i>CRESCENT CITY FL 32112</i>	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MATHER, PATRICIA A.</b>		3.2 NAME	
STREET ADDRESS <b>HC1 BOX 14388</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>CRESCENT CITY, FL 00000</b>		3.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>EI Hajj, Ted</b>		4.2 NAME	
STREET ADDRESS <b>HC 1 Box 150</b>		4.3 STREET ADDRESS <i>CRESCENT CITY FL 32112</i>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <i>James Galsby</i>	
STREET ADDRESS		5.3 STREET ADDRESS <i>HC 1 Box 153C</i>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <i>CRESCENT CITY FL 32112</i>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Mather* **Patricia A. Mather** **4/3/96** **(904) 467-3566**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)