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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 756245 (7)

1. Corporation Name

EAGLE'S NEST HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

HC1 BOX 14888 143AA  
CRESCENT CITY FL 32112  
US

HC1 BOX 14888 143AA - Georgetown Shartcut Rd.  
CRESCENT CITY FL 32112-9710 97118  
US

3. Date Incorporated or Qualified  
02/09/1981

3a. Date of Last Report  
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-3138154

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHER, PATRICIA A.  
HC1 BOX 14888 HIGHWAY 308  
CRESCENT CITY FL 32112

81 Name  
Jean Sneed

82 Street Address (P.O. Box Number is Not Acceptable)

PO Box 306

83 545 Lake Como Drive

84 City  
Lake Como FL

FL

85 Zip Code  
32157

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 JEAN D. SNEAD

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-15-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME LYON, MICHAEL E  
STREET ADDRESS HC1 BOX 153B - 545 Georgetown Shartcut  
CITY-ST-ZIP CRESCENT CITY FL 32112

1.1 TITLE Goodger, Roger  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS HC1 Box 14888; 225 Eagles Nest Lane  
1.4 CITY-ST-ZIP Crescent City, FL 32112

TITLE D  DELETE  
NAME LYON, MICHAEL E  
STREET ADDRESS STAR RT. 1, BOX 153B  
CITY-ST-ZIP CRESCENT CITY FL **VOID**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD  DELETE  
NAME MATHER, PATRICIA A.  
STREET ADDRESS HC1 BOX 14388 - 118 Eagle's Nest Lane  
CITY-ST-ZIP CRESCENT CITY, FL 00000 32112

3.1 TITLE STD  Change  Addition  
3.2 NAME Jean Sneed  
3.3 STREET ADDRESS PO Box 306 - 545 Lake Como Dr.  
3.4 CITY-ST-ZIP Lake Como, FL 32157 70306

TITLE VD  DELETE  
NAME ELHAJJ, TED  
STREET ADDRESS HC1 BOX 150 107 Eagles Nest Drive  
CITY-ST-ZIP CRESCENT CITY FL 32112

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME GOOLSBY, JAMES  
STREET ADDRESS HC1 BOX 153C 1717 Hwy. 308  
CITY-ST-ZIP CRESCENT CITY FL 32112

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME MAHANOR, ROBERT M.  
STREET ADDRESS HC1 BOX 151 - 111 Eagles Nest Dr.  
CITY-ST-ZIP CRESCENT CITY, FL 32112

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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: JEAN D. SNEAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0001849

904-649-4933  
4-15-97

CR2E067 (9/96)