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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: HC1 BOX 143AA, CRESCENT CITY FL 32112, US

Mailing Address: HC1 BOX 143AA-GEORGETOWN SHORTCUT RD, CRESCENT CITY FL 32112-9718, US

3. Date Incorporated or Qualified: 02/09/1981

4. FEI Number: 59-3138154

Applied For: Not Applicable

2. Principal Place of Business

21 HC1 Box 149
Suite, Apt. #, etc.
22 Eagle's Nest Aerodrome
City & State
23 CRESCENT CITY FL
Zip Country
24 32112 25 U.S.A.

2a. Mailing Address

26 HC1 Box 149
Suite, Apt. #, etc.
27 Eagle's Nest Aerodrome
City & State
28 CRESCENT CITY FL
Zip Country
29 32112 30 U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No None

9. Name and Address of Current Registered Agent

SNEAD, JEAN
P O BOX 306
545 LAKE COMO DRIVE
LAKE COMO FL 32157

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: *Jean Sneed* Jean Sneed DATE: 3-2-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODGER, ROGER	
STREET ADDRESS	HC1 BOX 143D, 125 EAGLES NEST LANE	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SNEAD, JEAN	
STREET ADDRESS	P O BOX 306-545 LAKE COMO DR	
CITY-ST-ZIP	LAKE COMO FL 32157-0306	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ELHAJJ, TED	
STREET ADDRESS	HC1 BOX 150, 107 EAGLES NEST DRIVE	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOOLSBY, JAMES	
STREET ADDRESS	HC1 BOX 153C, 1717 HWY 308	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHANOR, ROBERT M	
STREET ADDRESS	HC1 BOX 151-111 EAGLES NEST DR	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Fetcko	
1.3 STREET ADDRESS	HC1 Box 153	
1.4 CITY-ST-ZIP	Crescent City FL 32112	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 Sneed* Jean Sneed DATE: 3-2-98 904 649-4933

CR2E037 (10/97)