

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90148 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 756245

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

Principal Place of Business HCI BOX 149 EAGLES NEST AERODROME CRESCENT CITY FL 32112 US	Mailing Address HCI BOX 149 EAGLES NEST AERODROME CRESCENT CITY FL 32112-9718 US
---	--



2. Principal Place of Business 21 HC 1 BOX 143H Suite, Apt. #, etc. 22 HWY. 308 City & State 23 CRESCENT CITY FL Zip Country 24 32112 25 USA	2a. Mailing Address 26 HC 1 BOX 143H Suite, Apt. #, etc. 27 GEORGETOWN SHORTCUT RD City & State 28 CRESCENT CITY FL Zip Country 29 32112 30 USA	3. Date Incorporated or Qualified 02/09/1981	4. FEI Number 59-3138154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

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 *Jan Sneed* DATE 03/31/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	GOODGER, ROGER HC1 BOX 143D, 125 EAGLES NEST LANE CRESCENT CITY FL 32112	1.1 TITLE PD	JOHN S. SNEAD P.O. BOX 306 545 LAKE COMO DRIVE LAKE COMO FL 32157-0306
TITLE STD	SNEAD, JEAN P O BOX 306-545 LAKE COMO DR LAKE COMO FL 32157-0306	2.1 TITLE VPD	Robert MATHER HC1 Box 143BB-113 Eagles Nest Lane Crescent City FL 32112
TITLE VD	ELHAJJ, TED HC1 BOX 150, 107 EAGLES NEST DRIVE CRESCENT CITY FL 32112	3.1 TITLE D	Raymond Jackson HC1 Box 143A-115 Eagles Nest Lane Crescent City FL 32112
TITLE PD	GOOLSBY, JAMES HC1 BOX 153C, 1717 HWY 308 CRESCENT CITY FL 32112	4.1 TITLE D	Bernhard Rouschal HC1 Box 143A-121 Eagles Nest Lane Crescent City FL 32112
TITLE D	FETCKO, JOHN HC1 BOX 153 CRESCENT CITY FL 32112	5.1 TITLE	
TITLE		6.1 TITLE	

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, with all other like empowered.

SIGNATURE: *Jan Sneed* DATE: 03/31/99 DAYTIME PHONE: 904 649-4933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR