

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90057 046 ****61.25

DOCUMENT # 756245

1. Entity Name

EAGLE'S NEST HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

HC 1 BOX 143H
 HWY 308
 CRESCENT CITY FL 32112
 US

HC 1 BOX 143H
 GEORGETOWN SHORTCUT RD
 CRESCENT CITY FL 32112-9713
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3138154**

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: **JOHN T. FETCKO**
 Street Address (P.O. Box Number is Not Acceptable):
105 Eagles Nest Drive
Crecent City FL 32112

8. 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: *John Fetcko* **John Fetcko** **4/17/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|-------------------|------------------------------------|-------------------------|-------|--------------|----------------|-------------------------|
| D | GOODGER, ROGER | HC1 BOX 143D, 125 EAGLES NEST LANE | CRESCENT CITY FL 32112 | | | | |
| PD | SNEAD, JOHN S | P O BOX 306-545 LAKE COMO DR | LAKE COMO FL 32157-0306 | DS | BOB MAHANOR | HC1, BOX 151 | CRESCENT CITY, FL 32112 |
| VPD | MATHER, ROBERT | HC1 BOX 14388-113 EAGLES NEST LANE | CRESCENT CITY FL 32112 | VP | JIM BENNETT | HC1, BOX 143 | CRESCENT CITY, FL 32112 |
| D | FETCKO, JOHN | HC1 BOX 153 | CRESCENT CITY FL 32112 | P | FETCKO, JOHN | HC1, BOX 153 | CRESCENT CITY, FL 32112 |
| D | ROUSCHAL, BERNARD | HC1 BOX 143A-121 EAGLES NEST LANE | CRESCENT CITY FL 32112 | | | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert F Mahanor* **ROBERT F MAHANOR** **3/23/00** **904-467-2119**