

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90363 025 ****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
 US

2. Principal Place of Business

3. Mailing Address

105 Eagles Nest Dr.

P O BOX 943

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crescent City, FL

City & State

Crescent City, FL

Zip

32112

Country

USA

Zip

32112

Country

USA

4. FEI Number

59-3138154

Applied For

Not Applicable

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

FETCKO, JOHN T
105 EAGLES NEST DRIVE
CRESCENT CITY FL 32112

Name

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

City

FL

Zip Code

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODGER, ROGER	NAME	Goodger, Roger
STREET ADDRESS	HC1 BOX 143D, 125 EAGLES NEST LANE	STREET ADDRESS	125 Eagles Nest Lane
CITY-ST-ZIP	CRESCENT CITY FL 32112	CITY-ST-ZIP	Crescent City, FL 32112
TITLE	DS <input type="checkbox"/> Delete	TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHANOR, BOB	NAME	MAHANOR, BOB
STREET ADDRESS	HC1 BOX 151	STREET ADDRESS	111 Eagles Nest Drive
CITY-ST-ZIP	CRESCENT CITY FL 32112	CITY-ST-ZIP	Crescent City, FL 32112
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JIM	NAME	Bennett, Jim
STREET ADDRESS	HC1 BOX 143	STREET ADDRESS	127 Eagles Nest Lane
CITY-ST-ZIP	CRESCENT CITY FL 32112	CITY-ST-ZIP	Crescent City, FL 32112
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FETCKO, JOHN	NAME	FETCKO, JOHN
STREET ADDRESS	HC1 BOX 153	STREET ADDRESS	105 Eagles Nest Drive
CITY-ST-ZIP	CRESCENT CITY FL 32112	CITY-ST-ZIP	Crescent City, FL 32112
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOLSBY, JIM	NAME	Goalsby, Jim
STREET ADDRESS	HC1, BOX 153C	STREET ADDRESS	1717 CR 308
CITY-ST-ZIP	CRESCENT CITY FL 32112	CITY-ST-ZIP	Crescent City, FL 32112
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *John Fetcko* **John Fetcko Pres.** Date: **4-22-02** Daytime Phone #: **386 467 8236**

R0090075



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)