

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90265 031 ****61.25

DOCUMENT # 756245

1. Entity Name

EAGLE'S NEST HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

**105 EAGLES NEST DRIVE
CRESCENT CITY FL 32112
US**

Mailing Address

**105 EAGLES NEST DRIVE
CRESCENT CITY FL 32112
US**

90003069



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

PO Box 943

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Crescent City

City & State

City & State

FLORIDA 32112

4. FEI Number **59-3138154**

Applied For
Not Applicable

Zip

Country

Zip

Country

32112

US

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODGER, ROGER 125 EAGLES NEST LANE CRESCENT CITY FL 32112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAHANOR, BOB 111 EAGLES NEST DRIVE CRESCENT CITY FL 32112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENNETT, JIM 127 EAGLES NEST LANE CRESCENT CITY FL 32112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FETCKO, JOHN 105 EAGLES NEST DRIVE CRESCENT CITY FL 32112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOLSBY, JIM 1717 CR 308 CRESCENT CITY FL 32112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED FETCKO

1/13/03 386 487 8236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)