

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759448

**FILED**  
**Feb 28, 2014**  
**Secretary of State**  
**CC6705723866**

**Entity Name:** EAGLE'S NEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5505 N. ATLANTIC AVE. #207  
COCOA BEACH, FL 32931

**Current Mailing Address:**

5505 N. ATLANTIC AVE. #207  
COCOA BEACH, FL 32931 US

**FEI Number:** 59-2789307

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KEYS PROPERTY MANAGEMENT  
5505 N. ATLANTIC AVE. #207  
COCOA BEACH, FL 32931 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MAKOWSKI, JUNE  
Address 5505 N. ATLANTIC AVE. #207  
City-State-Zip: COCOA BEACH FL 32931

Title T  
Name WATERS, RHONDA  
Address 5505 N. ATLANTIC AVE. #207  
City-State-Zip: COCOA BEACH FL 32931

Title D  
Name WILLIAMS, GARY L  
Address 5505 N. ATLANTIC AVE. #207  
City-State-Zip: COCOA BEACH FL 32931

Title MANAGER  
Name HEADRICK, SCOTT  
Address 5505 N ATLANTIC AVE  
207  
City-State-Zip: COCOA BEACH FL 32931

Title VP  
Name PERI, ANTHONY  
Address 5505 N. ATLANTIC AVE. #207  
City-State-Zip: COCOA BEACH FL 32931

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT HEADRICK

**AGENT**

**02/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date