

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-24-2000 90010 003 ****61.25

DOCUMENT # 759448

1. Entity Name

EAGLE'S NEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**EAGLES NEST
 1513 NORTH HARBOR CITY BLVD.
 MELBOURNE FL 32953
 US**

**EAGLES NEST
 1513 NORTH HARBOR CITY BLVD.
 MELBOURNE FL 32905-6572
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

760 North Drive
 Suite, Apt. #, etc.

760 North Drive
 Suite, Apt. #, etc.

Suite D.
 City & State

Suite D
 City & State

Melbourne, Fl.

Melbourne, Fl.

4. FEI Number

59-2789307

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

**MAKOWSKI, EDWARD J
 1225 N WICKHAM ROAD
 SUITE 721
 MELBOURNE FL 32935**

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

TITLE Delete
 NAME **PD**
MAKOWSKI, EDWARD
 STREET ADDRESS **1225 N WICKHAM RD S721**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
MCGLINCHEY, BERNIE
 STREET ADDRESS **1225 NORTH WICKHAM ROAD 3612**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD**
CLIFFORD, LINDA
 STREET ADDRESS **1225 NORTH WICKHAM ROAD #516**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: Edward J. Makowski **Edward J. Makowski** 1/19/00 355-9629
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR200007 (9/00)