

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90051 042 \*\*\*\*61.25

**DOCUMENT # 759448**

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

Principal Place of Business <b>760 NORTH DRIVE          SUITE D          MELBOURNE FL 32953          US</b>	Mailing Address <b>760 NORTH DRIVE          SUITE D          MELBOURNE FL 32935          US</b>
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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 **59-2789307**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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	NAME	TITLE	NAME
PD	MAKOWSKI, EDWARD 1225 N WICKHAM RD S721 MELBOURNE FL		
VD	MCGLINCHEY, BERNIE 1225 NORTH WICKHAM ROAD 3612 MELBOURNE FL 32935		
STD	CLIFFORD, LINDA 1225 NORTH WICKHAM ROAD #516 MELBOURNE FL 32935		

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      Date: Jan 9<sup>th</sup>, 2001      Daytime Phone #: 255-9629

CR2E037 (10/00)