

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90166 032 ****61.25

DOCUMENT # 759448

1. Entity Name

EAGLE'S NEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

760 NORTH DRIVE
 SUITE D
 MELBOURNE FL 32953
 US

760 NORTH DRIVE
 SUITE D
 MELBOURNE FL 32935
 US

2. Principal Place of Business

1225 N. Wickham RD

3. Mailing Address

PO Box 100130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Palm Bay, FL

4. FEI Number

59-2789307

Applied For

Not Applicable

Zip

32935

Country

US

Zip

329010

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

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

TITLE: **VD** Change Addition
 NAME: **BURGESS, Vicki**
 STREET ADDRESS: **1225 N. Wickham RD #413**
 CITY-ST-ZIP: **Melbourne, FL 32935**

TITLE: **VD** Delete
 NAME: **MCGLINCHAY, BERNIE**
 STREET ADDRESS: **1225 NORTH WICKHAM ROAD 3812**
 CITY-ST-ZIP: **MELBOURNE FL 32935**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
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TITLE: Delete
 NAME: Change Addition
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TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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: *MAGNACHIEVE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/10/02** (321) 676-6444
 Daytime Phone #

CR2E037 (9/01)