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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06328 (1)

1. Corporation Name
EAGLE AUDUBON SOCIETY, INC.

Principal Place of Business KINGS POINT CLUBHOUSE HEALTH ROOM SUN CITY CENTER FL 33573	Mailing Address P. O. BOX 5813 HEALTH ROOM SUN CITY CENTER FL 33571-5813 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/27/1984	
4. FEI Number 59-2234564	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ABBOTT, IRENE T
1902 NEW BEDFORD DRIVE
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

81 Name JOHN CROWTHER	
82 Street Address (P.O. Box Number is Not Acceptable) 2228 DEL WEBB BLVD. W	
83	
84 City SUN CITY CENTER FL	85 Zip Code 33573

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE JOHN CROWTHER (NOTE: Registered Agent signature required when reinstating) DATE 4/17/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, GILBERT C	
STREET ADDRESS	1703 HAMMERSMITH DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MUETZE, JEAN	
STREET ADDRESS	406A FARADAY TRAIL	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ABBOTT, IRENE T	
STREET ADDRESS	1902 NEW BEDFORD DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SPAULDING, ARTHUR	
STREET ADDRESS	307 STONEHAM DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOODY, F ELIZABETH	
STREET ADDRESS	2008 NEW BEDFORD DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUKE, NORMAN S.	
STREET ADDRESS	2022 HEATHFIELD CR.	
CITY-ST-ZIP	SUN CITY CENTER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	1.2 NAME JOHN + BARBARA CROWTHER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS 2228 DEL WEBB BLVD W.	1.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573	
2.1 TITLE S	2.2 NAME ELLEN L. LI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS 2003 HEATH FIELD CIR	2.4 CITY-ST-ZIP SUN CITY CENTER FL 33573	
3.1 TITLE FIVP	3.2 NAME IRENE T. ABBOTT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS 1902 NEW BEDFORD DR.	3.4 CITY-ST-ZIP SUN CITY CENTER FL 33573	
4.1 TITLE 2ND VP	4.2 NAME SANDY MILLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.3 STREET ADDRESS 304 SEDGEWICK	4.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573	
5.1 TITLE P	5.2 NAME MAE MCENTYRE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.3 STREET ADDRESS 1010 AMERICAN EAGLE BLVD, APT 120	5.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573	
6.1 TITLE D	6.2 NAME JULIA UOFFERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.3 STREET ADDRESS 2414 NEW HAVEN CIR	6.4 CITY-ST-ZIP SUN CITY CENTER, FL	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: IRNE T. ABBOTT IRENE T. ABBOTT 4/17/98 (813)634-2537

CFR2E037 (10/97)