


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30343** (0)
1. Corporation Name
EAGLE PRESERVE COMMUNITY ASSOCIATION, INC.



Principal Place of Business 1828 BROOKHAVEN DR SARASOTA FL 34239	Mailing Address 1828 BROOKHAVEN DR SARASOTA FL 34239-3424
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3. Date Incorporated or Qualified 01/25/1989	3a. Date of Last Report 02/09/1996
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2. Principal Place of Business 21 5660 BROOKLYN AVE. Suite, Apt. #, etc. 22 City & State 23 SARASOTA, FLORIDA Zip 24 34231 Country 25 U.S.A.	2a. Mailing Address 26 5660 BROOKLYN AVE. Suite, Apt. #, etc. 27 City & State 28 SARASOTA, FLORIDA Zip 29 34231 Country 30 U.S.A.
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4. FEI Number 65-0208695	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRODE, WILLIAM C.
720 S. ORANGE AVENUE
SUITE 1100
SARASOTA FL 34236**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 **L. Allen Greer P.D.**

DATE **8-20-97**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12'	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, L. ALLEN	1.2 NAME	
STREET ADDRESS	1928 BROOKHAVEN DR.	1.3 STREET ADDRESS	5660 BROOKLYN AVE.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL. 34231
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODSON, GLENNA S.	2.2 NAME	
STREET ADDRESS	1370 MYAKKA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINNETT, ANNE G.	3.2 NAME	
STREET ADDRESS	1800 2ND ST., #710	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODSON, LAWRENCE L.	4.2 NAME	
STREET ADDRESS	1370 MYAKKA ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, HEATHER T.	5.2 NAME	
STREET ADDRESS	1928 BROOKHAVEN DR.	5.3 STREET ADDRESS	5660 BROOKLYN AVE.
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA, FL. 34231
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 **L. Allen Greer P.D.** DATE **8-20-97** (94)699-1773

CP2E037 (9/96)