


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90006 015 \*\*\*\*61.25

**DOCUMENT # N06189**  
1. Entity Name  
**Eagle Estates Homeowners Association, Inc**



**DO NOT WRITE IN THIS SPACE**

**54000636**

2. Principal Place of Business  
**2932 Eagle Estates Circle North**  
Suite, Apt. #, etc.  
**C/O Marilyn Cristell**  
City & State  
**Clearwater, FL**

3. Mailing Address  
**2932 Eagle Estates Circle North**  
Suite, Apt. #, etc.  
**C/O Marilyn Cristell**  
City & State  
**Clearwater, FL**

Zip **33761** Country **USA**

4. FEI Number **59-2483465**

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

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Markham, Michael C.**

Street Address (P.O. Box Number is Not Acceptable)  
**911 Chestnut Street**

City **Clearwater** FL Zip Code **33756**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lee Cree* DATE *1/21/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**SEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President - Karen C Bremer</b> <b>2994 Eagle Trail</b> <b>Clearwater, FL 33761</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President - Gary Namm</b> <b>2976 Talon Drive</b> <b>Clearwater, FL 33761</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer - Marilyn Cristell</b> <b>2932 Eagle Estates Circle North</b> <b>Clearwater, FL 33761</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary - Cassie Millman</b> <b>2933 Eagle Estates Circle South</b> <b>Clearwater, FL 33761</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.


SIGNATURE: *Marilynn Cristell - treasurer* 1-21-04 727 796 9155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

*Attachments*

<b>DOCUMENT # N06189</b>					
1. Entity Name <b>EAGLE ESTATES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 2959 EAGLE ESTATE CIR WEST C/O AMBRYN FINSTAD CLEARWATER, FL 33761 <i>see other page</i>			Mailing Address C/O AMBRYN FINSTAD EAGLE EST HO ASSOC 2959 EAGLE ESTATES CIR WEST CLEARWATER, FL 33761		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>59-2483465</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARKHAM, MICHAEL C</b> 911 CHESTNUT STREET CLEARWATER, FL 33756			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BROWN, MARK</b> 2967 EAGLE ESTATES CIR WEST CLEARWATER, FL 33761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAME <sup>m</sup> <b>GARY</b> <i>correction</i> 2976 TALON DRIVE CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>FINSTAD, AMBRYN</b> 2959 EAGLE ESTATES CIR WEST CLEARWATER, FL 33761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>MARKHAM, STEPHANIE</b> 2960 TALON DRIVE CLEARWATER, FL 33761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					