


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

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90288 017 ****61.25

DOCUMENT # N06189

1. Entity Name
Eagle Estates Homeowner's Association, Inc.



DO NOT WRITE IN THIS SPACE

14017484

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2932 Eagle Estates Circle N.</u>		3. Mailing Address <u>EEHOA</u> <u>2932 Eagle Est. Circle N.</u>		4. FEI Number <u>59-2483465</u>	Applied For
Suite, Apt. #, etc. <u>410 Marilyn Cristell</u>		Suite, Apt. #, etc. <u>410 Marilyn Cristell</u>			Not Applicable
City & State <u>Clearwater FL</u>		City & State <u>Clearwater FL</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <u>33761</u>	Country <u>Pinellas/USA</u>	Zip <u>33761</u>	Country <u>USA</u>		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Michael Markham

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>Karen Bremer</u> <u>2994 Eagle Trail</u> <u>Clearwater FL 33761</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> <u>Gary McCutcheon</u> <u>2913 Eagle Estates Circle South</u> <u>Clearwater FL 33761</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD</u> <u>Marilynn Cristell</u> <u>2932 Eagle Estates Circle North</u> <u>Clearwater FL 33761</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD</u> <u>Cassy Millman</u> <u>2933 Eagle Estates Circle South</u> <u>Clearwater FL 33761</u>	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 Marilynn Cristell 4-28-05 727 796 9155

CR2E037B (12/02)