


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90047 043 ****61.25

DOCUMENT # N06189
 1. Entity Name
EAGLE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
2932 EAGLE ESTATE CIR NORTH **2932 EAGLE ESTATE CIR NORTH**
40 MARILYNN CRISTELL **40 MARILYNN CRISTELL**
CLEARWATER FL 33761 **CLEARWATER FL 33761**



2. Principal Place of Business 3. Mailing Address
2985 Talon Drive **2985 Talon Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 clo Garrick Lynch

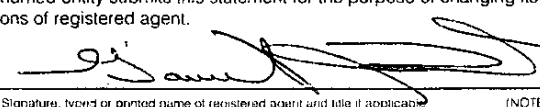
1st MOORE CR2E037 (10/05)

City & State City & State
Clearwater FL **Clearwater FL**
 Zip Country Zip Country
33761 **USA** **33761** **USA**

4. FEI Number Applied For
59-2483465 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MARKHAM, MICHAEL C
911 CHESTNUT STREET
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
 Name **Garrick Lynch**
 Street Address (P.O. Box Number is Not Acceptable)
2985 Talon Dr.
 City **Clearwater** **FL** Zip Code **33761**

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  **TREASURER**
GARRICK J. LYNCH **2/7/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

FILE NOW: FEE IS \$61.25
Due: By May 1, 2006

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BREMER, KAREN	
STREET ADDRESS	2994 EAGLE TRAIL	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCUTCHEN, GARY	
STREET ADDRESS	2913 EAGLE ESTATES CIRCLE SOUTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CRISTELL, MARILYNN	
STREET ADDRESS	2932 EAGLE ESTATES CIRCLE NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MILLMAN, CASSY	
STREET ADDRESS	2933 EAGLE ESTATES CIRCLE NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dunphy, John	
STREET ADDRESS	2950 Eagle Estates Circle West	
CITY-ST-ZIP	Clearwater FL 33761	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	wheeler, Phillip	
STREET ADDRESS	2974 Eagle Estates Circle West	
CITY-ST-ZIP	Clearwater FL 33761	
TITLE	ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynch, Garrick	
STREET ADDRESS	2985 Talon Drive	
CITY-ST-ZIP	Clearwater FL 33761	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kuper, Sherry	
STREET ADDRESS	2920 Eagle Estates Circle South	
CITY-ST-ZIP	Clearwater FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **TREASURER**
GARRICK J. LYNCH **2/7/2006** **(729) 392-2120**