


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N06189 1. Entity Name EAGLE ESTATES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 2985 TALON DRIVE CLEARWATER, FL 33761	Mailing Address 2985 TALON DRIVE C/O GARRICK LYNCH CLEARWATER, FL 33761
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2483465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LYNCH, GARRICK 2985 TALON DRIVE CLEARWATER, FL 33761
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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUNPHY, JOHN 2950 EAGLE ESTATES CIRCLE WEST CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WHEELER, PHILLIP 2974 EAGLE ESTATES CIRCLE WEST CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LYNCH, GARRICK 2985 TALON DRIVE CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KUPER, SHERRY 2920 EAGLE ESTATES CIRCLE SOUTH CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000634156
02/21/07-80092-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **GARRICK LYNCH** 2/8/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #