

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90232 021 ****61.25

DOCUMENT # N06189				
1. Entity Name EAGLE ESTATES HOMEOWNERS ASSOCIATION, INC.				
Principal Place of Business 2985 TALON DRIVE CLEARWATER, FL 33761		Mailing Address 2985 TALON DRIVE C/O GARRICK LYNCH CLEARWATER, FL 33761		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
LYNCH, GARRICK 2985 TALON DRIVE CLEARWATER, FL 33761		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating)				
Filing Fee is \$61.25 Due by May 1, 2008		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
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUNPHY, JOHN	NAME	MORRILL, KEVIN	
STREET ADDRESS	2950 EAGLE ESTATES CIRCLE WEST	STREET ADDRESS	2909 EAGLE ESTATES CIRCLE S.	
CITY-ST-ZIP	CLEARWATER, FL 33761	CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	VD	TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHEELER, PHILLIP	NAME	SPEED, JUDY	
STREET ADDRESS	2974 EAGLE ESTATES CIRCLE WEST	STREET ADDRESS	2996 EAGLE ESTATES CIRCLE E.	
CITY-ST-ZIP	CLEARWATER, FL 33761	CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	TD	TITLE		
NAME	LYNCH, GARRICK	NAME		
STREET ADDRESS	2985 TALON DRIVE	STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761	CITY-ST-ZIP		
TITLE	SD	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KUPER, SHERRY	NAME	DELO, MIKE	
STREET ADDRESS	2920 EAGLE ESTATES CIRCLE SOUTH	STREET ADDRESS	2905 EAGLE ESTATES CIRCLE S.	
CITY-ST-ZIP	CLEARWATER, FL 33761	CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: _____		Date: 4/25/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: (829) 797-7730		