

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90122 032 \*\*\*\*61.25

03/11/2

**DOCUMENT # N06189**

1. Entity Name

**EAGLE ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

POST OFFICE BOX 15553  
CLEARWATER FL 34629-5553

Mailing Address

C/O AMBRYN FINSTAD EAGLE EST HO ASSOC  
2959 EAGLE ESTATES CIR WEST  
CLEARWATER FL 33761



2. Principal Place of Business

2959 Eagle Estates Cir West

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Ambryn Finstad

City & State  
Clearwater, FL

City & State

4. FEI Number **59-2483465**

Applied For  
Not Applicable

Zip  
33761

Country  
USA

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **BROWN, MARK**  
STREET ADDRESS **2987 EAGLE ESTATES CIR WEST**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **DWYER, LAWRENCE**  
STREET ADDRESS **2976 TALON DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VD**  Change  Addition  
NAME **Gary Namm**  
STREET ADDRESS **2976 Talon Drive**  
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **TD**  Delete  
NAME **FINSTAD, AMBRYN**  
STREET ADDRESS **2959 EAGLE ESTATES CIR WEST**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **MARKHAM, STEPHANIE**  
STREET ADDRESS **2960 TALON DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature of Ambryn Finstad Treasurer 3/1/03 727-723-8224

CR2E037 (10/02)