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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N08568 (0)

1. Corporation Name
EAGLEBROOK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address

15149 NIGHTHAWK DR TAMPA FL 33625 US
 PO BOX 272485 TAMPA FL 33688-2485 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/05/1985** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2542795** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **15147 NIGHTHAWK DRIVE** 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 **TAMPA FL** 28

24 Zip **33625** 25 Country **USA** 29 Zip Country 30

9. Name and Address of Current Registered Agent

PETTINATO, ALFRED
6207 EAGLEBROOK AVENUE
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name **ZIMMERMAN, GLENN**

82 Street Address (P.O. Box Number is Not Acceptable) **6302 NESTING COURT**

83

84 City **TAMPA** FL 85 Zip Code **33625**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Glenn R. Zimmerman* **GLENN R. ZIMMERMAN, TREASURER** **02/08/95**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE **P**

NAME **BOYLE, BRIAN**

STREET ADDRESS **15149 NIGHTHAWK DR**

CITY - ST - ZIP **TAMPA FL**

TITLE **T**

NAME **ZIMMERMAN, GLEN**

STREET ADDRESS **6302 NESTING CT**

CITY - ST - ZIP **TAMPA FL**

TITLE **S**

NAME **GRAVES, GOLDA**

STREET ADDRESS **6223 EAGLEBROOK AVE**

CITY - ST - ZIP **TAMPA FL**

TITLE **D**

NAME **DURAN, LEONOR**

STREET ADDRESS **15148 NIGHTHAWK DR**

CITY - ST - ZIP **TAMPA FL**

TITLE **D**

NAME **BARHONOVICH, MARC**

STREET ADDRESS **6225 EAGLEBROOK AVE**

CITY - ST - ZIP **TAMPA FL**

TITLE **D**

NAME **ASHPAUGH, PEGGY**

STREET ADDRESS **6313 EAGLEBROOK AVENUE**

CITY - ST - ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** Change Addition

1.2 NAME **FISHER, STEVE**

1.3 STREET ADDRESS **15147 NIGHTHAWK DRIVE**

1.4 CITY - ST - ZIP **TAMPA FL 33625**

2.1 TITLE **T** Change Addition

2.2 NAME **ZIMMERMAN, GLENN**

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE **S** Change Addition

3.2 NAME **COLLINS, LAURIE**

3.3 STREET ADDRESS **15111 NIGHTHAWK DRIVE**

3.4 CITY - ST - ZIP **TAMPA FL 33625**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE **PAST PRESIDENT (PP)** Change Addition

5.2 NAME **BARHONOVICH, MARC**

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE **D** Change Addition

6.2 NAME **BOYLE, BRIAN**

6.3 STREET ADDRESS **15149 NIGHTHAWK DRIVE**

6.4 CITY - ST - ZIP **TAMPA FL 33625**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Glenn R. Zimmerman* **GLENN R. ZIMMERMAN** **TREASURER** **02/08/95** **813-968-8941**

Signature, typed or printed name of signing officer or director