

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N08568 (0)**  
1. Corporation Name  
**EAGLEBROOK HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business: 15147 NIGHTHAWK DRIVE TAMPA FL 33625 US  
Mailing Address: PO BOX 272495 TAMPA FL 33688-2495 US

3. Date Incorporated or Qualified: 04/05/1985  
3a. Date of Last Report: 02/17/1995  
4. FEI Number: 59-2542795  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 15151 NIGHTHAWK DRIVE 26  
Suite, Apt. #, etc.: 22  
City & State: 23 TAMPA FL  
Zip: 24 33625 Country: 25 USA

9. Name and Address of Current Registered Agent  
ZIMMERMAN, GLENN  
6302 NESTING COURT  
TAMPA FL 33625

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent's signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FISHER, STEVE	
STREET ADDRESS	15147 NIGHTHAWK DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, GLENN	
STREET ADDRESS	6302 NESTING CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLLINS, LAURIE	
STREET ADDRESS	15111 NIGHTHAWK DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DURAN, LEONOR	
STREET ADDRESS	15148 NIGHTHAWK DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	PP	<input type="checkbox"/> DELETE
NAME	BARONOVICH, MARC	
STREET ADDRESS	6225 EAGLEBROOK AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYLE, BRIAN	
STREET ADDRESS	15149 NIGHTHAWK DRIVE	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PAST PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GENE EMLACHE	
5.3 STREET ADDRESS	15151 NIGHTHAWK DRIVE	
5.4 CITY-ST-ZIP	TAMPA FL 33625	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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: [Signature] TREASURER Date: 02/29/96 813-968-8941  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)