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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08568 (0)
1. Corporation Name
EAGLEBROOK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 15151 NIGHTHAWK DRIVE TAMPA FL 33625 US	Mailing Address PO BOX 272495 TAMPA FL 33688-2495 US
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2. Principal Place of Business 21 6302 NESTING COURT Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/05/1985	3a. Date of Last Report 03/05/1996
22	27	4. FEI Number 59-2542795	Applied For Not Applicable
23 TAMPA FLORIDA	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33625	25 USA	29	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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 signature required when reinstating) _____ 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	P <input type="checkbox"/> DELETE
NAME	EMLACHE, GENE
STREET ADDRESS	15151 NIGHTHAWK DRIVE
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	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MATT WALLACE
1.3 STREET ADDRESS	6306 EAGLEBROOK AVENUE
1.4 CITY-ST-ZIP	TAMPA FL 33625
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	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOE KURTZ
3.3 STREET ADDRESS	6234 EAGLEBROOK AVENUE
3.4 CITY-ST-ZIP	TAMPA FL 33625
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 ELECT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RAY SCHICK
5.3 STREET ADDRESS	6309 EAGLEBROOK AVENUE
5.4 CITY-ST-ZIP	TAMPA FL 33625
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KRIS MURPHY
6.3 STREET ADDRESS	15103 CRAIG CLIFF STREET
6.4 CITY-ST-ZIP	TAMPA FL 33625

14. I do 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 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, on an attachment with an address.

SIGNATURE: *[Signature]* **04/25/97** **(813) 908-8941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049467

CP2E037 (9/96)