


FILE NOW: FILING FEE IS \$61.25

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**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 6302 NESTING COURT TAMPA FL 33625 US	Mailing Address PO BOX 272495 TAMPA FL 33688-2495 US
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3. Date Incorporated or Qualified 04/05/1985	
4. FEI Number 59-2542795	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

21. Principal Place of Business Sulte, Apt. #, etc.	22. Mailing Address Sulte, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, MATT	1.2 NAME	GEORGE CAKOUROS
STREET ADDRESS	6306 EAGLEBROOK AVE	1.3 STREET ADDRESS	6222 EAGLEBROOK AVE
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL 33625
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, GLENN	2.2 NAME	
STREET ADDRESS	6302 NESTING CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZ, JOE	3.2 NAME	JOE KURTZ
STREET ADDRESS	6234 EAGLEBROOK AVE.	3.3 STREET ADDRESS	6234 EAGLEBROOK
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA FL 33625
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAN, LEONOR	4.2 NAME	COLETTE JACCARD
STREET ADDRESS	15148 NIGHTHAWK DR	4.3 STREET ADDRESS	15133 NIGHTHAWK DRIVE
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA FL 33625
TITLE	PE <input type="checkbox"/> DELETE	5.1 TITLE	PRESIDENT ELECT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHICK, RAY	5.2 NAME	VICTOR MENDEZ
STREET ADDRESS	6309 EAGLEBROOK AVE.	5.3 STREET ADDRESS	6221 EAGLEBROOK AVE
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA FL 33625
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, KRIS	6.2 NAME	
STREET ADDRESS	15103 CRAGY CLIFF ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. 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 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: _____ DATE: **02/26/98** (813) 968-8941

CR2E037 (10/97)