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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08568

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/05/1985

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE
NAME GEORGE CAKOUSOS
STREET ADDRESS 6222 EAGLEBROOK AVE
CITY-ST-ZIP TAMPA FL 33625

TITLE T DELETE
NAME ZIMMERMAN, GLENN
STREET ADDRESS 6302 NESTING CT
CITY-ST-ZIP TAMPA FL 33625

TITLE D DELETE
NAME KURTZ, JOE
STREET ADDRESS 6234 EAGLEBROOK AVE.
CITY-ST-ZIP TAMPA FL 33625

TITLE S DELETE
NAME COLETTE JACCARD
STREET ADDRESS 15133 NIGHTHAWK DR
CITY-ST-ZIP TAMPA FL 33625

TITLE PE DELETE
NAME VICTOR MENDEZ
STREET ADDRESS 6221 EAGLEBROOK DR
CITY-ST-ZIP TAMPA FL 33625

TITLE D DELETE
NAME MURPHY, KRIS
STREET ADDRESS 15103 CRAGY CLIFF ST
CITY-ST-ZIP TAMPA FL 33625

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PP Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE T/D Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33625

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE P Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 33625

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED TREASURER

Date

02/23/99

Daytime Phone #

813-968-8941

CR2E037 (1/198)