

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90075 005 \*\*\*\*61.25

**DOCUMENT # N08568**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2542795**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIMMERMAN, GLENN**  
**6302 NESTING COURT**  
**TAMPA FL 33625**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	GEORGE CAKOUBOS	
STREET ADDRESS	6222 EAGLEBROOK AVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, GLENN	
STREET ADDRESS	6302 NESTING CT	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KURTZ, JOE	
STREET ADDRESS	6234 EAGLEBROOK AVE.	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COLETTE JACCARD	
STREET ADDRESS	15133 NIGHTHAWK DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VICTOR MENDEZ	
STREET ADDRESS	6221 EAGLEBROOK DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, KRIS	
STREET ADDRESS	15103 CRAIGY CLIFF ST	
CITY-ST-ZIP	TAMPA FL 33625	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE KINGSLAND	
STREET ADDRESS	15144 NIGHTHAWK DRIVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN BOYLE	
STREET ADDRESS	15149 NIGHTHAWK DRIVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE DAVIS	
STREET ADDRESS	15113 NIGHTHAWK DRIVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELA THOMAS	
STREET ADDRESS	6225 EAGLEBROOK AVENUE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE:

*Glenn Zimmerman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/00

Date

813-968-8941

Daytime Phone #

CR2E037 (9/99)