

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90005 002 ****61.25

DOCUMENT # N08568

1. Entity Name

EAGLEBROOK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6302 NESTING COURT
 TAMPA FL 33625
 US

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**

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 Delete
 NAME **P**
KINGSLAND, BRUCE
 STREET ADDRESS **15144 NIGHTHAWK DR**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE Change Addition
 NAME **PRESIDENT ELECT**
LIPPMAN, BRIAN
 STREET ADDRESS **6228 EAGLEBROOK AVE**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE Delete
 NAME **TD**
ZIMMERMAN, GLENN
 STREET ADDRESS **6302 NESTING CT**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
BOYLE, BRIAN
 STREET ADDRESS **15149 NIGHTHAWK DR**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
DAVIS, ROSE
 STREET ADDRESS **15113 NIGHTHAWK DR**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
THOMAS, ANGELA
 STREET ADDRESS **6225 EAGLEBROOK AVE**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE Change Addition
 NAME **PRESIDENT**
SULLIVAN, MARIE
 STREET ADDRESS **15151 NIGHTHAWK DR.**
 CITY-ST-ZIP **TAMPA FL 33625**

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

TITLE Change 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 any other like empowered.

SIGNATURE:

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

Date

02/26/02

Daytime Phone #

813-968-8941

CR2E037 (9/01)