

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08568

FILED
Apr 19, 2005
Secretary of State

Entity Name: EAGLEBROOK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6228 EAGLEBROOK AVENUE
TAMPA, FL 33625 US

New Principal Place of Business:

15149 NIGHTHAWK
TAMPA, FL 33625 US

Current Mailing Address:

PO BOX 272495
TAMPA, FL 336882495 US

New Mailing Address:

FEI Number: 59-2542795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMERMAN, GLENN
6302 NESTING COURT
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

BOYLE, BRIAN
15149 NIGHTHAWK
TAMPA, FL 33625 US

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: BRIAN BOYLE

04/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIPPMAN, BRIAN
Address: 6228 EAGLEBROOK AVENUE
City-St-Zip: TAMPA, FL 33625

Title: TD () Delete
Name: ZIMMERMAN, GLENN
Address: 6302 NESTING CT
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: BOYLE, BRIAN
Address: 15149 NIGHTHAWK DR
City-St-Zip: TAMPA, FL 33625

Title: S () Delete
Name: SCHWAB, SHARON
Address: 6221 EAGLEBROOK AVE.
City-St-Zip: TAMPA, FL 33625

Title: P () Delete
Name: SULLIVAN, MARIE
Address: 15151 NIGHTHAWK DR.
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: MURPHY, KRIS
Address: 15103 CRAGY CLIFF ST
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOYLE, BRIAN
Address: 15149 NIGHTHAWK
City-St-Zip: TAMPA, FL 33625

Title: TD (X) Change () Addition
Name: BOTTS, MICHAEL
Address: 6236 EAGLEBROOK AVE
City-St-Zip: TAMPA, FL 33625

Title: D (X) Change () Addition
Name: ZIMMERMAN, GLENN
Address: 6302 NESTING COURT
City-St-Zip: TAMPA, FL 33625

Title: S (X) Change () Addition
Name: PINNER, ELNORA
Address: 15107 NIGHTHAWK
City-St-Zip: TAMPA, FL 33625

Title: D (X) Change () Addition
Name: LIPPMAN, KATIE
Address: 6228 EAGLEBROOK AVE
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN BOYLE

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date