

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08568

FILED  
Jan 24, 2006  
Secretary of State

Entity Name: EAGLEBROOK HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

15149 NIGHTHAWK  
TAMPA, FL 33625 US

## New Principal Place of Business:

6236 EAGLEBROOK AVE  
TAMPA, FL 33625 US

## Current Mailing Address:

PO BOX 272495  
TAMPA, FL 336882495 US

## New Mailing Address:

PO BOX 340027  
TAMPA, FL 336940027 US

FEI Number: 59-2542795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOYLE, BRIAN  
15149 NIGHTHAWK  
TAMPA, FL 33625 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

Title: D ( ) Delete  
Name: LIPPMAN, KATIE  
Address: 6228 EAGLEBROOK AVE  
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: MAIN, WILLIAM  
Address: 6305 NESTING  
City-St-Zip: TAMPA, FL 33625

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

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

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

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

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 Chapter 119, 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: MICHAEL BOTTS

TD

01/24/2006

Electronic Signature of Signing Officer or Director

Date