
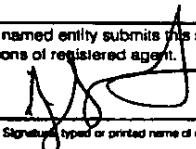


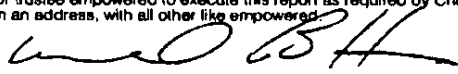
**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90081 050 \*\*\*\*61.25

<b>DOCUMENT # N08568</b>					
1. Entity Name <b>EAGLEBROOK HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business 6236 EAGLEBROOK AVE TAMPA, FL 33625 US		Mailing Address PO BOX 340027 TAMPA, FL 33694-0027 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2542795	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOYLE, BRIAN 15149 NIGHTHAWK TAMPA, FL 33625			Name <b>JANET STAHLSCHMIDT</b> Street Address (P.O. Box Number is Not Acceptable) <b>15148 NIGHTHAWK DR</b> City <b>TAMPA</b> FL Zip Code <b>33625</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		(NOTE: Registered Agent signature required when re-registering)		DATE <b>5/14/07</b>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAIN, WILLIAM		NAME	JANET STAHLSCHMIDT	
STREET ADDRESS	8305 NESTING		STREET ADDRESS	15148 Nighthawk Dr.	
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP	Tampa, FL 33625	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOTTS, MICHAEL		NAME		
STREET ADDRESS	6236 EAGLEBROOK AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZIMMERMAN, GLENN		NAME	Frederik Lufardie	
STREET ADDRESS	8302 NESTING COURT		STREET ADDRESS	15123 Nighthawk Drive	
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP	Tampa, Florida 33625-1519	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINNER, ELNORA		NAME	Peggy Ashbaugh	
STREET ADDRESS	15107 NIGHTHAWK		STREET ADDRESS	6313 Eaglebrook Ave	
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIPPMAN, KATIE		NAME	BRIAN Boyle	
STREET ADDRESS	8228 EAGLEBROOK AVE		STREET ADDRESS	15149 NIGHTHAWK	
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, KRIS		NAME		
STREET ADDRESS	15103 CRAGY CLIFF ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

 Michael Botts 4/11/07