

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90050 005 \*\*\*\*61.25

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<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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		03162008 Chg-NP CR2E037 (12/08)			
Not Applicable					
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STAHLSCHMIDT, JANET 15148 NIGHTHAWK DR TAMPA, FL 33625			Name <b>FREDERIK LUCARDIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>15123 NIGHT HAWK AVE</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		Signature typed or printed name of registered agent and title if applicable		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAHLSCHMIDT, JANET		NAME	FRED LUCARDIE	
STREET ADDRESS	15148 NIGHTHAWK DR		STREET ADDRESS	15123 NIGHTHAWK AVE	
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 type="checkbox"/> Addition
NAME	LUCARDIE, FREDERIK		NAME		
STREET ADDRESS	15123 NIGHTHAWK DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBAUGH, PEGGY		NAME		
STREET ADDRESS	8313 EAGLEBROOK AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, BRIAN		NAME		
STREET ADDRESS	15149 NIGHTHAWK		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP		
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.					
SIGNATURE:		Michael BOTTS (Treasurer)		4/27/08 813 810 0622	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	