

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08568

FILED
Jul 03, 2009
Secretary of State

Entity Name: EAGLEBROOK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6236 EAGLEBROOK AVE
TAMPA, FL 33625 US

New Principal Place of Business:

6237 EAGLEBROOK AVE
TAMPA, FL 33625 US

Current Mailing Address:

PO BOX 340027
TAMPA, FL 336940027 US

New Mailing Address:

6237 EAGLEBROOK AVE
TAMPA, FL 33625 US

FEI Number: 59-2542795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LUCARDIE, FREDERIK
15123 NIGHT HAWK AVE
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: LUCARDIE, FRED
Address: 15123 NIGHT HAWK AVE
City-St-Zip: TAMPA, FL 33625

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

Title: S () Delete
Name: ASHBAUGH, PEGGY
Address: 6313 EAGLEBROOK AVE
City-St-Zip: TAMPA, FL 33625

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BOTTS, MICHAEL
Address: 6236 EAGLEBROOK AVE
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: TD () Change (X) Addition
Name: BROOKS, NAOMI S
Address: 6237 EAGLEBROOK AVE
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify 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: NAOMI S BROOKS

TD

07/03/2009

Electronic Signature of Signing Officer or Director

_____ Date