


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

02-26-2003 90149 048 ****61.25

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DOCUMENT # N08568
1. Entity Name
EAGLEBROOK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**6302 NESTING COURT
TAMPA FL 33625
US**

Mailing Address
**PO BOX 272495
TAMPA FL 33688-2495
US**

2. Principal Place of Business
6228 EAGLEBROOK AVENUE

3. Mailing Address
Suite, Apt. #, etc.


City & State
TAMPA FLORIDA

City & State
Suite, Apt. #, etc.

Zip
33625

Country
HILLSBOROUGH

Zip
Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2542795**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ZIMMERMAN, GLENN
6302 NESTING COURT
TAMPA FL 33625**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE LIPPMAN, BRIAN 6228 EAGLEBROOK AVENUE TAMPA FL 33625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIMMERMAN, GLENN 6302 NESTING CT TAMPA FL 33625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLE, BRIAN 15149 NIGHTHAWK DR TAMPA FL 33625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, ROSE 15113 NIGHTHAWK DR TAMPA FL 33625	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, MARIE 15151 NIGHTHAWK DR. TAMPA FL 33625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, KRIS 15103 CRAGY CLIFF ST TAMPA FL 33625	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRANSITION (DO NOT CHANGE)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SCHWAB, SHARON 6221 EAGLEBROOK AVENUE TAMPA FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRABSON, KIMBERLY 6306 EAGLEBROOK AVENUE TAMPA FL 33625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Glenn R. Zimmerman **GLENN R. ZIMMERMAN** 02/19/03 813-968-8941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)