2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# N04000006221

Entity Name: EAGLE RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 7388
TAMPA, FL 33673

New Principal Place of Business:

Current Mailing Address:

P O BOX 7388
TAMPA, FL 33673

New Mailing Address:

FEI Number: 20-1262939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STUMPF, SUSAN
10006 N ARDEN AVE
TAMPA, FL 33612 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: STUMPF, SUSAN
Address: P O BOX 7388
City-St-Zip: TAMPA, FL 336737388

Title: VP ( ) Delete
Name: CORTESE, ROBERT
Address: P O BOX 7388
City-St-Zip: TAMPA, FL 336737388

Title: D ( ) Delete
Name: SUTTON, ELLIE
Address: P O BOX 1053
City-St-Zip: INVERNESS, FL 344511053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SUSAN STUMPF P 01/19/2006

Electronic Signature of Signing Officer or Director — Date