2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90014 049 ****61.25

DOCUMENT # N04000006221

1. Entity Name
EAGLE RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~P O BOX 7388~~ ~~TAMPA, FL 33673~~ P.O. Box 388 NOBLETON, FL 34661	~~P O BOX 7388~~ P.O. Box 388 ~~TAMPA, FL 33673~~ NOBLETON, FL 34661

DO NOT WRITE IN THIS SPACE

03242007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-1262939
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STUMPF, SUSAN
10006 N ARDEN AVE
TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

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: Susan Stumpf, PRESIDENT 4/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STUMPF, SUSAN
STREET ADDRESS	P O BOX 7388
CITY-ST-ZIP	TAMPA, FL 336737388
TITLE	VP
NAME	CORTESE, ROBERT
STREET ADDRESS	P O BOX 7388
CITY-ST-ZIP	TAMPA, FL 336737388
TITLE	D
NAME	SUTTON, ELLIE
STREET ADDRESS	P O BOX 1053
CITY-ST-ZIP	INVERNESS, FL 344511053
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Susan Stumpf SUSAN STUMPF 4/15/07 352-568-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #