

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006221

FILED  
Apr 04, 2008  
Secretary of State

**Entity Name:** EAGLE RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 388  
NOBLETON, FL 34661

**New Principal Place of Business:**

10006 N. ARDEN AVE.  
TAMPA, FL 33612

**Current Mailing Address:**

P O BOX 388  
NOBLETON, FL 34661

**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 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

04/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date