2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006221

FILED Jan 25, 2009 Secretary of State

Entity Name: EAGLE RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

 10006 N. ARDEN AVE.
 8520 SW 73RD PATH

 TAMPA, FL 33612
 BUSHNELL, FL 33513

Current Mailing Address: New Mailing Address:

P O BOX 388 P O BOX 440

NOBLETON, FL 34661 NOBLETON, FL 34661

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STUMPF, SUSAN

10006 N ARDEN AVE
TAMPA, FL 33612 US

BAILEY, CHRISTOPHER J
2015 LEICHESTER STREET
VALRICO, FL 33594 US

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: CHRISTOPHER J. BAILEY 01/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: STUMPF, SUSAN Name: BAILEY, CHRISTOPHER J
Address: P O BOX 7388 Address: 2015 LEICHESTER ST

City-St-Zip: TAMPA, FL 336737388 City-St-Zip: VALRICO, FL 335944044 US

Title: VP () Delete Title: VP (X) Change () Addition Name: CORTESE, ROBERT Name: WENDY, BAILEY K
Address: P O BOX 7388 Address: 2015 LEICHESTER STREET

City-St-Zip: TAMPA, FL 336737388 City-St-Zip: VALRICO, FL 335944044

Title: D () Delete Title: T (X) Change () Addition
Name: SUTTON, ELLIE Name: SUTTON, EVERETT

Address: P O BOX 1053 Address: P O BOX 1053

City-St-Zip: INVERNESS, FL 344511053 City-St-Zip: INVERNESS, FL 344511053

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 PEDRICK, JENNIFER

 Address:
 Address:
 P.O. BOX 440

 City-St-Zip:
 City-St-Zip:
 NOBLETON, FL 34661

Name: Name: PARKS, SONYA

Address: Address: 20538 BUTTERSCOTCH TERRACE City-St-Zip: LAND O LAKES, FL 34637

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: CHRISTOPHER J. BAILEY P 01/25/2009