

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N04000008909

1. Entity Name  
EAGLE RANCH SUBDIVISION HOMEOWNERS  
ASSOCIATION OF ZEPHYRHILLS, INC.



Principal Place of Business  
36413 S.R. 54  
ZEPHYRHILLS, FL 33541

Mailing Address  
36413 S.R. 54  
ZEPHYRHILLS, FL 33541

2. Principal Place of Business - No P.O. Box #  
**38752 Feathering Way**

Suite, Apt. #, etc.

3. Mailing Address  
**38752 Feathering Way**

Suite, Apt. #, etc.

City & State  
Zephyrhills, FL  
Zip 33542 Country USA

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Zephyrhills, FL  
Zip 33542 Country USA

01232007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

RYMAN, KEVIN L  
36413 S.R. 54  
ZEPHYRHILLS, FL 33541

7. Name and Address of New Registered Agent

Name **Aaron Burrmann**

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

**38752 Feathering Way**  
City **Zephyrhills** FL **33542**

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 *Aaron Burrmann*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE **3/16/07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

Delete  
TITLE P  
NAME RYMAN, KEVIN L  
STREET ADDRESS 36413 S.R. 54  
CITY-ST-ZIP ZEPHYRHILLS, FL 33541

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change  Addition  
TITLE P  
NAME Steve Rossi  
STREET ADDRESS 38743 Feathering Way  
CITY-ST-ZIP Zephyrhills, FL 33542

Delete  
TITLE ST  
NAME RYMAN, TAMMY L  
STREET ADDRESS 5612 BEECH ST.  
CITY-ST-ZIP ZEPHYRHILLS, FL 33541

Change  Addition  
TITLE V  
NAME Carla Burrmann  
STREET ADDRESS 38752 Feathering Way  
CITY-ST-ZIP Zephyrhills, FL 33542

Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE ST  
NAME Aaron Burrmann  
STREET ADDRESS 38752 Feathering Way  
CITY-ST-ZIP Zephyrhills, FL 33542

Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Aaron Burrmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07 813-997-2759  
Date Daytime Phone #

**FILED  
Mar 20, 2007 8:00 am  
Secretary of State**

03-20-2007 90012 027 \*\*\*\*61.25