


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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		City & State Zephyrhills, FL Zip 33542 Country USA	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Zip Code 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 <u><i>Aaron Burrmann</i></u> DATE <u>3/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYMAN, KEVIN L 36413 S.R. 54 ZEPHYRHILLS, FL 33541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steve Rossi 38743 Feathering Way Zephyrhills, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete RYMAN, TAMMY L 5612 BEECH ST. ZEPHYRHILLS, FL 33541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carla Burrmann 38752 Feathering Way Zephyrhills, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ST Aaron Burrmann 38752 Feathering Way Zephyrhills, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Aaron Burrmann</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/16/07</u> <u>813-997-2259</u> <small>Date Daytime Phone #</small>	