

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90196 032 ****61.25

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01242008 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000004225					
1. Entity Name GRANDVIEW AT EAGLEBROOKE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 444 PIPKIN ROAD SUITE A LAKE LAND, FL 33813			Mailing Address 444 PIPKIN ROAD SUITE A LAKE LAND, FL 33813		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2774942	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NUNEZ, ROBERT F 444 PIPKIN ROAD SUITE A LAKE LAND, FL 33813			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME NUNEZ, ROBERT JR	<input checked="" type="checkbox"/> Delete		TITLE D/P	NAME JAMES GUARD
STREET ADDRESS 444 PIPKIN ROAD SUITE A	CITY-ST-ZIP LAKE LAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		STREET ADDRESS 6878 Eagle Ridge Loop	CITY-ST-ZIP LAKE LAND, FL 33813
TITLE VD	NAME JOHNSON, MICHAEL	<input checked="" type="checkbox"/> Delete		TITLE D/VP	NAME William Huey
STREET ADDRESS 444 PIPKIN ROAD SUITE A	CITY-ST-ZIP LAKE LAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		STREET ADDRESS 6875 Eagle Ridge Loop	CITY-ST-ZIP LAKE LAND, FL 33813
TITLE STD	NAME NUNEZ, ROBERT F	<input checked="" type="checkbox"/> Delete		TITLE D/S	NAME Nicole Boles
STREET ADDRESS 444 PIPKIN ROAD SUITE A	CITY-ST-ZIP LAKE LAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		STREET ADDRESS 6837 Eagle Ridge Loop	CITY-ST-ZIP LAKE LAND, FL 33813
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE D/T	NAME Ron Hippale
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		STREET ADDRESS 6894 Eagle Ridge Loop	CITY-ST-ZIP LAKE LAND, FL 33813
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE D	NAME Iris Cairo
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		STREET ADDRESS 6841 Eagle Ridge Loop	CITY-ST-ZIP LAKE LAND, FL 33813
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR</small>				Date: 4/25/08 (813) 645-1569	