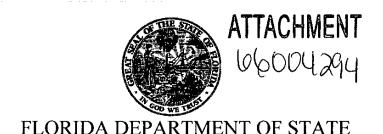
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2006 8:00 am Secretary of State 02-24-2006 90001 005 ****61.25 2/.

DOCUMENT # N05000011871 1. Entity Name EAGLEBROOKE NORTH HOMEOWNERS ASSOCIATION, INC.										4				01.23
Principal Place of Business 4915 SOUTHFORK DRIVE LAKELAND, FL 33813				Mailing Address 4915 SOUTHFORX DRIVE LAKELAND, FL 33813					b	<i></i>	# O Z			
2. Principal Place of Business					3. Mailing Address									
Suite, Apt. #, etc.					Suite, Apt. #, etc.					02032006	Chg-NP	CR2E03	7 (11/05)	
City & State						ity & State				4. FEI Number 65-11	65251			optied For ot Applicable
Zip :	Country				Zip -			untry	5. Certificate of Status Desired Fee Require					
		and Address	of Cur	rent F	legister	ed Agent		Name		7. Name and Ad	Idress of New R	egistered A	gent	
JACOBS, DALE G 4915 SOUTHFORK DRIVE LAKELAND, FL 338/3						,		Street A	Address (P.O. Box Number is	Not Acceptable)		
(/								City			• • • • • • • • • • • • • • • • • • • •	FL	Zip Cod	е
SIGNATURE .		Vol	$\frac{1}{2}$			nose of changing its				red agent, or both, i	n the State of Flo	rida. I am fa	miliar with,	and accept
Filling Fee is \$61.25 Due by May 1, 2006 Signature, typed or phrisodrame of registered agent and title if applicable. (NOTE: Registered Agent signature reg 9. Election Campaign Financing Trust Fund Contribution.										\$5.00 May Be Added to Fees		ake check da Departi	nent of Si	
10.		OFFICE	RS AN	D DIR	ECTORS		11.		7	ADDITIONS/CHAN	SES TO OFFICE	IS AND DIRI		10
name Street address City-S1-ZIP		DALE G THFORK D D, FL 3381:				□ Delete							□ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	1	LIAM THFORK D D, FL 3381:				☐ Defeta						-	☐ Change	☐ Addition
TIPLE	4915 SOU	PATRICK M THFORK D D, FL 3381				☐ Detate -							Charge	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						□ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						□ Delete				,			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						□ Deleta							Change	Addition
12. I hereby of indicated of the cor changed.	certify that the l on this repor rporation or th , or on an atta	information of t or supplements to receiver or ichment with	populed mai lep restoe readdr	with ort is empo	his filing true and vered to ith all git	does not qualify to accurate and that r execute this report her like empowered	r the exe ny signat as requi	imptions c ture shall h red by Cha	ontained lave the s apter 617	in Chapter 119, Fic same legal effect as 7, Florida Statutes; a	orida Statutes. I f if made under o nd that my name	urther certify ath; that I am appears in I	that the in an officer Block 10 or	formation or director Block 11 if
indicated on this report or supplemental tenort 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 of instrue improvement 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: SIGNATURE: Date Date Description of the corporation or the receiver of instrue 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 of instruent or Block 10 or Block 11 if changed, or on an attachment with a director of the corporation of the corporation or the receiver of instruent or Block 11 if the corporation of the corporation or the receiver of instruent or Block 11 if the corporation of the corporation or the receiver of instruent or Block 11 if the corporation or the receiver of instruent or supplied to the corporation of the corporation or the receiver of instruent or supplied to the corporation or the receiver of instruent or supplied to the corporation or the receiver of instruent or supplied to the corporation or the receiver of instruent or supplied to the corporation or the receiver of instruent or supplied to the corporation or the co													-648	-1877



Division of Corporations

February 28, 2006

EAGLEBROOKE NORTH HOMEOWNERS ASSOCIATION, INC. 4915 SOUTHFORK DRIVE LAKELAND, FL 33813

Subject: EAGLEBROOKE NORTH HOMEOWNERS ASSOCIATION, INC.

Reference Number:

N05000011871

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/al ANNUAL REPORTS SECTION

