

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90004 021 ****61.25

DOCUMENT # N44151

1. Entity Name

EAGLE WATCH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**8925 EAGLE WATCH
RIVERVIEW FL 33569
US**

**P.O. BOX 2934
RIVERVIEW FL 33569
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3081273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL, DONALD
8801 CROSSWOOD COURT
RIVERVIEW FL 33569**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete
NAME **HAYDEN, DEBORAH J**
STREET ADDRESS **8802 EAGLE WATCH DR**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **TD** ☐ Change ☒ Addition
NAME **Bonnie Rose**
STREET ADDRESS **8926 Eagle Watch Dr**
CITY-ST-ZIP **Riverview FL 33569**

TITLE **PD** ☒ Delete
NAME **WILLIAMS, BRUCE**
STREET ADDRESS **8806 EAGLE WATCH DR**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **VD** ☐ Change ☒ Addition
NAME **Loren Zabel**
STREET ADDRESS **8914 Eagle Watch Dr**
CITY-ST-ZIP **Riverview, FL 33569**

TITLE **VD** ☐ Delete
NAME **CAMPBELL, DONALD**
STREET ADDRESS **8922 EAGLE WATCH DR**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **PD** ☒ Change ☐ Addition
NAME **Don Campbell**
STREET ADDRESS **8801 Crosswood Court**
CITY-ST-ZIP **River view, FL 33569**

TITLE **SD** ☐ Delete
NAME **DENNISON, MARY JANE**
STREET ADDRESS **8904 EAGLE WATCH DR.**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)