## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000003083

FILED Aug 21, 2008 Secretary of State

Entity Name: EAGLE CREST OF HILLSBOROUGH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1463 OAKFIELD DR. 19627 EAGLE CREST DRIVE

LUTZ, FL 33549 STE 142 BRANDON, FL 33511

**Current Mailing Address: New Mailing Address:** 

MCNEIL MGMT. SVCS. INC. 13911 N DALE MABRY HWY

P.O. BOX 6235 201A

BRANDON, FL 33508 TAMPA, FL 33618

FEI Number: 59-3594021 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TANKEL, ROBERT P.A 1022 MAIN ST. STE D DUNEDIN, FL 34698 US

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:

Title:

Date

Title:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition () Delete SETTEDUCATO, NICKOLAS SETTEDUCATO, NICKOLAS Name: Name: Address: 1309 TRAIL GLEN LN Address: 1309 TRAIL GLEN LN

City-St-Zip: LUTZ, FL 33547 City-St-Zip: LUTZ, FL 33547

( ) Delete (X) Change ( ) Addition GRIFFIN, SUZANNE Name: Name: GRIFFIN, SUZANNE Address: 1308 TRAIL GLEN LN Address: 1308 TRAIL GLEN LN City-St-Zip: LUTZ, FL 33547 City-St-Zip: LUTZ, FL 33547

Title: () Delete Title: (X) Change ( ) Addition

STORK, DANNA Name: STORK, DONNA Name: 19627 EAGLE CREST DR 19627 EAGLE CREST DR Address: Address:

City-St-Zip: LUTZ. FL 33547 City-St-Zip: LUTZ. FL 33547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: DONNA STORK 08/21/2008