

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

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90087 040 ****61.25

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1. Entity Name
**EAGLEBROOKE NORTH HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**4915 SOUTHFORK DRIVE
LAKELAND, FL 33813**

Mailing Address
**4915 SOUTHFORK DRIVE
LAKELAND, FL 33813**

DO NOT WRITE IN THIS SPACE



04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1165251

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACOBS, DALE G
4915 SOUTHFORK DRIVE
LAKELAND, FL 33813**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JACOBS, DALE G
STREET ADDRESS 4915 SOUTHFORK DRIVE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE VD
NAME BULL, WILLIAM
STREET ADDRESS 4915 SOUTHFORK DRIVE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE STD
NAME ADAMS, PATRICK M
STREET ADDRESS 4915 SOUTHFORK DRIVE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patrick M. Adams **PATRICK M. ADAMS** **4-23-08** **863-581-1642**