

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011871

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

4915 SOUTHFORK DRIVE  
LAKELAND, FL 33813

**New Principal Place of Business:**

409 E. COLLEGE AVENUE  
RUSKIN, FL 33570

**Current Mailing Address:**

4915 SOUTHFORK DRIVE  
LAKELAND, FL 33813

**New Mailing Address:**

PO BOX 1058  
RUSKIN, FL 33575

**FEI Number:** 65-1165251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

WILSON, LOU ELLEN  
409 E COLLEGE AVENUE  
RUSKIN, FL 33570 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: LOU ELLEN WILSON

03/24/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JACOBS, DALE G  
Address: 4915 SOUTHFORK DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: VD  
Name: BULL, WILLIAM  
Address: 4915 SOUTHFORK DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: STD  
Name: ADAMS, PATRICK M  
Address: 4915 SOUTHFORK DRIVE  
City-St-Zip: LAKELAND, FL 33813

I hereby 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 all other like empowered.

SIGNATURE: DALE JACOBS

PRES

03/24/2010

Electronic Signature of Signing Officer or Director

Date