

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31 1997 8:00am
Secretary of State

DOCUMENT # 767852 (7)
1. Corporation Name
EAGLEWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 10730 U.S. HIGHWAY 19 SUITE 17 PORT RICHEY FL 34668
Mailing Address: 10730 U.S. HIGHWAY 19 SUITE 17 PORT RICHEY FL 34668-2883

3. Date Incorporated or Qualified: 04/07/1983
3a. Date of Last Report: 04/08/1996

21	2. Principal Place of Business	2a	2a. Mailing Address	4.	FEI Number 59-2459102	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

QUALIFIED PROPERTY MANAGEMENT, INC.
10730 U.S. HIGHWAY 19
SUITE 17
PORT RICHEY FL 34668

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	B- <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIORGIANA, ANDY -	1.2 NAME	Doviken, Richard
STREET ADDRESS	12498 EAGLEWOOD DR. -	1.3 STREET ADDRESS	12402C Eagleswood Dr.
CITY - ST - ZIP	BAYONET POINT FL -	1.4 CITY - ST - ZIP	Bayonet Point, FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHESE, VINCENT	2.2 NAME	
STREET ADDRESS	12400-1 EAGLEWOOD DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	BAYONET POINT FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, CHARLOTTE	3.2 NAME	
STREET ADDRESS	12409-2 EAGLEWOOD DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BAYONET POINT FL	3.4 CITY - ST - ZIP	
TITLE	BT- <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIARRUSSO, ROSS	4.2 NAME	Priban, Eleanor
STREET ADDRESS	18482D EAGLEWOOD DRIVE -	4.3 STREET ADDRESS	12308C Eagleswood Drive
CITY - ST - ZIP	BAYONET POINT FL -	4.4 CITY - ST - ZIP	Bayonet Point, FL
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, RALPH	5.2 NAME	
STREET ADDRESS	12312C EAGLEWOOD DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	BAYONET POINT FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or 13 of this report on the attachment with my address.

SIGNATURE: Eleanor Priban 3/26/97 863-2584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088312

CR2E037 (9/96)