


FILE NOW: FILING FEE IS \$61.25

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**Apr 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767852 (7)
 1. Corporation Name
EAGLESWOOD 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
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3. Date Incorporated or Qualified 04/07/1983		
4. FEI Number 59-2459102	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	D <input type="checkbox"/> DELETE
NAME	DOVKEN, RICHARD
STREET ADDRESS	12402C EAGLESWOOD DR
CITY-ST-ZIP	BAYONET POINT FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MARGHESE, VINCENT-
STREET ADDRESS	12400-1 EAGLESWOOD-DR
CITY-ST-ZIP	BAYONET-POINT-FL--
TITLE	SD <input type="checkbox"/> DELETE
NAME	KING, CHARLOTTE
STREET ADDRESS	12409-2 EAGLEWOOD DR.
CITY-ST-ZIP	BAYONET POINT FL
TITLE	FD <input checked="" type="checkbox"/> DELETE
NAME	FRIBAN, ELEANOR--
STREET ADDRESS	12399G EAGLESWOOD-DR---
CITY-ST-ZIP	BAYONET-POINT-FL---
TITLE	OV <input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, RALPH--
STREET ADDRESS	12318G EAGLEWOOD-DR.-
CITY-ST-ZIP	BAYONET-POINT-FL---
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marchese, Vincent
2.3 STREET ADDRESS	12400-1 Eagleswood Dr.
2.4 CITY-ST-ZIP	Bayonet Point, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tetreault, Roger
4.3 STREET ADDRESS	12405C Eagleswood Dr.
4.4 CITY-ST-ZIP	Bayonet Point, FL
5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Atkins, Arlene
5.3 STREET ADDRESS	12406D Eagleswood Drive
5.4 CITY-ST-ZIP	Bayonet Point, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roger Tetreault* 3/27/98

CR2E037 (1097)