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**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90047 040 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 767852**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/07/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2459102
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<del>B</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>DOVIKEN, RICHARD -</del>
STREET ADDRESS	<del>12402C EAGLESWOOD DR -</del>
CITY-ST-ZIP	<del>BAYONET POINT FL</del>
TITLE	<del>TD</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>MARCHESE, VINCENT</del>
STREET ADDRESS	<del>12400 E EAGLESWOOD DR -</del>
CITY-ST-ZIP	<del>BAYONET POINT FL -</del>
TITLE	<del>SD</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>KING, CHARLOTTE -</del>
STREET ADDRESS	<del>12409 2 EAGLEWOOD DR -</del>
CITY-ST-ZIP	<del>BAYONET POINT FL --</del>
TITLE	<del>RD</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>TETREULT, ROGER -</del>
STREET ADDRESS	<del>12405 G EAGLEWOOD DR -</del>
CITY-ST-ZIP	<del>BAYONET POINT FL -</del>
TITLE	<del>VD</del> <input type="checkbox"/> DELETE
NAME	<del>ATKINS, ARLENE :</del>
STREET ADDRESS	<del>12406 D EAGLESWOOD DR</del>
CITY-ST-ZIP	<del>BAYONET POINT FL</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kacerosky, Julia
1.3 STREET ADDRESS	12308A Eagleswood Drive
1.4 CITY-ST-ZIP	Bayonet Point, FL
2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rohner, Eleanor Priban
2.3 STREET ADDRESS	12308C Eagleswood Drive
2.4 CITY-ST-ZIP	Bayonet Point, FL
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Maceachern, Carol
3.3 STREET ADDRESS	12404B Eagleswood Drive
3.4 CITY-ST-ZIP	Bayonet Point, FL
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Giordano, Andy
4.3 STREET ADDRESS	12408C Eagleswood Drive
4.4 CITY-ST-ZIP	Bayonet Point, FL
5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	12406D Eagleswood Drive
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* 3/30/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)