

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767852

1. Entity Name

EAGLESWOOD CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90080 008 ****61.25

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 34668-2863
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2459102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	KACERISKY, JULIA	
STREET ADDRESS	12308A EAGLESWOOD DRIVE	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROHNER, ELEANOR P	
STREET ADDRESS	12308C EAGLESWOOD DRIVE	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAEACHERN, CAROL	
STREET ADDRESS	12404B EAGLEWOOD DRIVE	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIORDANO, ANDY	
STREET ADDRESS	12408C EAGLESWOOD DRIVE	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ATKINS, ARLENE	
STREET ADDRESS	12406D EAGLEWOOD DRIVE	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Arlene Atkins 3/30/00 727-862-2995
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)