

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

0080445

**DOCUMENT # 767852**

1. Entity Name

**EAGLESWOOD CONDOMINIUM ASSOCIATION, INC.**

04-11-2001 90125 020 \*\*\*\*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
------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

AUU45731



DO NOT WRITE IN THIS SPACE

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

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

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

10. OFFICERS AND DIRECTORS

TITLE	<del>VD</del>	<input type="checkbox"/> Delete
NAME	<del>KACERISKY, JULIA</del>	
STREET ADDRESS	<del>12308A EAGLESWOOD DRIVE</del>	
CITY-ST-ZIP	<del>BAYONET POINT FL</del>	
TITLE	<del>FD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>ROHNER, ELEANOR P.--</del>	
STREET ADDRESS	<del>12308C EAGLESWOOD DRIVE -</del>	
CITY-ST-ZIP	<del>BAYONET POINT FL -</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MACEACHERN, 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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kacerosky, Julia	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Campanello, Patricia	
STREET ADDRESS	8019D Feather Court	
CITY-ST-ZIP	Bayonet Point, FL 34667	
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:** *Signature Required* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Renia 4/5/01 727-862-2995* **DATE** *4/5/01* **DAYTIME PHONE #** *727-862-2995*

CR2E037 (10/00)