


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90107 050 ****61.25

DOCUMENT # 767852
1. Entity Name
EAGLESWOOD CONDOMINIUM ASSOCIATION, INC.



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

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 **Applied For**
59-2459102 **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	JD	<input type="checkbox"/> Delete
NAME	VONSCHWEDLER, ROBERT	
STREET ADDRESS	12404A EAGLESWOOD DR.	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAMPANELLO, PATRICIA	
STREET ADDRESS	8019B FEATHER CT	
CITY-ST-ZIP	BAYONET POINT FL 34687	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MACEACHERN, CAROL	
STREET ADDRESS	12404A EAGLESWOOD DRIVE	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, JANICE	
STREET ADDRESS	12404A EAGLESWOOD DR.	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KACEROSKY, EDWARD	
STREET ADDRESS	12308A EAGLESWOOD DR.	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Atkins, Arlene	
STREET ADDRESS	12406D Eagleswood Drive	
CITY-ST-ZIP	Bayonet Point FL	
TITLE	ID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kacerosky, Julia	
STREET ADDRESS	12308B Eagleswood Drive	
CITY-ST-ZIP	Bayonet Point, FL	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosenow, William	
STREET ADDRESS	8019B Feather Ct.	
CITY-ST-ZIP	Bayonet Point, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMullen, Herbert	
STREET ADDRESS	8021D Feather Ct.	
CITY-ST-ZIP	Bayonet Point, FL	
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: *Helene K. Atkinson* **03/30/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #