

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90206 036 ****61.25

DOCUMENT # 767852
 1. Entity 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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

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

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VONSCHWEDLER, ROBERT	
STREET ADDRESS	12404A EAGLESWOOD DR -	
CITY-ST-ZIP	BAYONET POINT, FL ---	
TITLE	RD	<input type="checkbox"/> Delete
NAME	ATKINS, ARLENE	
STREET ADDRESS	12406B EAGLESWOOD DR -	
CITY-ST-ZIP	BAYONET POINT, FL 34667 -	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KACEROSKY, JULIA -	
STREET ADDRESS	12308B EAGLESWOOD DR -	
CITY-ST-ZIP	BAYONET POINT, FL ---	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROSENOW, WILLIAM --	
STREET ADDRESS	8810B FEATHER CT ---	
CITY-ST-ZIP	BAYONET POINT, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MGMULLEN, ROBERT --	
STREET ADDRESS	8821D FEATHER CT ---	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harkness, Helen	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Atkins, Arlene	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kacerosky, Julia	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Prizzi, Joe	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMullen, Robert Herbert	
STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	Port Richey, 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 exemptions contained in Chapter 119, 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 Julia F. Kacerosky, Julia F. Kacerosky, President Date 4/14/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40001300



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2459102** Applied For Not Applicable

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