


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90027 026 ****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 - No P.O. Box #
5609 U.S. Hwy 19

3. Mailing Address
5609 U.S. Hwy 19

Suite, Apt. #, etc.
Suite E

Suite, Apt. #, etc.
Suite E

City & State
New Port Richey, FL

City & State
New Port Richey, FL


Zip
34652

Country
USA

Zip
34652

Country
USA

401107



04272007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2459102

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 **Kim Johnson**

Street Address (P.O. Box Number is Not Acceptable)
Community Management Services, Inc

5609 U.S. Hwy 19 Suite E

City **New Port Richey** **FL** Zip Code **34652**

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   **4/27/07**

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	SD HARKNESS, HELEN 10730 US 19, SUITE 17 PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATKINS, ARLENE 10730 US 19, SUITE 17 PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KACEROSKY, JULIA 10730 US 19, SUITE 17 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRIZZI, JOE 10730 US 19, SUITE 17 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMULLEN, HERBERT 10730 US 19, SUITE 17 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Evelyn HAAS 12308 C Eagleswood Dr. Bayonet Pointe, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDY ORIONE 12405 B Eagleswood Dr Bayonet Pointe, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4-30-07** **727-816-9900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #