


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90045 048 ****61.25

DOCUMENT # 767852			
1. Entity Name EAGLESWOOD CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5609 US HWY 19 SUITE E NEW PORT RICHEY, FL 34652		Mailing Address 5609 US HWY 19 SUITE E NEW PORT RICHEY, FL 34652	
2. Principal Place of Business - No P.O. Box # 5831 Trable Creek Rd.		3. Mailing Address 5831 Trable Creek Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New Port Richey, FL		City & State New Port Richey, FL	
4. FEI Number 59-2459102		Applied For Not Applicable	
Zip 34652		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, KIM COMMUNITY MGMT. SERVICES, INC 5609 US HWY 19 STE E NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name: Community Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 5831 Trable Creek Rd. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: SD NAME: HAAS, EVELYN STREET ADDRESS: 12308 C EAGLESWOOD DR CITY-ST-ZIP: BAYONET POINTE, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Joe Levine STREET ADDRESS: 12409-D Eagleswood Dr. CITY-ST-ZIP: Hudson, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ORIONE, ANDY STREET ADDRESS: 12405 B EAGLESWOOD DR CITY-ST-ZIP: BAYONET POINTE, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: Vincent Heely STREET ADDRESS: 12400-C Eagleswood Dr. CITY-ST-ZIP: Hudson, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: KACEROSKY, JULIA STREET ADDRESS: 10730 US 19, SUITE 17 CITY-ST-ZIP: PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: Donald Addario STREET ADDRESS: 12411-C Eagleswood Dr. CITY-ST-ZIP: Hudson, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: PRIZZI, JOE STREET ADDRESS: 10730 US 19, SUITE 17 CITY-ST-ZIP: PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE: J NAME: Bob Von Schwedler STREET ADDRESS: 12404-A Eagleswood Dr. CITY-ST-ZIP: Hudson, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: MCMULLEN, HERBERT STREET ADDRESS: 10730 US 19, SUITE 17 CITY-ST-ZIP: PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Robert Rathmann STREET ADDRESS: 12402-B Eagleswood Dr. CITY-ST-ZIP: Hudson, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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: Robert P. von Schwedler Pres.		Date: 727-816-9900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	