

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90066 024 ****61.25

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1. Entity Name
**EAGLE COURT TOWNHOUSES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**POST OFFICE BOX 1084
SAINT PETERSBURG, FL 33731**

Mailing Address
**C/O SUE LAMONT
250 104TH AVE
TREASURE ISLAND, FL 33706-4846**

50014774



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
16-1637424

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMONT, SUE
250 104TH AVE
TREASURE ISLAND, FL 33706-4846**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CANTORE, MICHAEL E
STREET ADDRESS 703 CHARLES CT S
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME DOUGHEATY, ERIN
STREET ADDRESS 709 CHANCES CT S
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME RAEND, DAVIS
STREET ADDRESS 701 CHARLES CT S
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE SD ☐ Change ☒ Addition
NAME WILLIAM STILL
STREET ADDRESS PO Box 22471
CITY-ST-ZIP ST PETERSBURG FL 33742

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05

Date

Daytime Phone #