

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **751163** (7)

1. Corporation Name

EAGLE'S POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O COMMUNITY MGMT. SVCS.
5609 U.S. 19, STE E
NEW PORT RICHEY FL 34652
US

C/O COMMUNITY MGMT. SVCS
5609 U.S. 19 STE E
NEW PORT RICHEY FL 34652
US

3. Date Incorporated or Qualified
02/21/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **9921 Eagle's Point Circle**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Port Richey, FL

City & State

24

29

Zip

Zip

Country

Country

34668

USA

34668

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, KIM
C/O COMMUNITY MANAGEMENT SVCS., INC.
5609 U.S. 19, STE E
NEW PORT RICHEY FL 34652

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and street address

(P.O. Box Number is Not Acceptable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	RESTIVO, JULIO	
STREET ADDRESS	9970-1 EAGLES PT CIRCLE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANGSFELD, EMIL	
STREET ADDRESS	9920-2 EAGLE'S POINT CIRCLE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GABLEMAN, MARY	
STREET ADDRESS	9960-3 EAGLES POINT CIR.	
CITY-ST-ZIP	PORT RICHEY FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAIARDI, JOHN	
STREET ADDRESS	9960-3 EAGLES POINT CIRCLE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEANE, DOROTHY	
STREET ADDRESS	9950-4 EAGLE'S PT. CIRCLE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAWLE, HENRY	
STREET ADDRESS	9920-3 EAGLE'S POINT CIRCLE	
CITY-ST-ZIP	PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Baiardi, John
1.3 STREET ADDRESS	9930-4 Eagle's Point Circle
1.4 CITY-ST-ZIP	Port Richey, FL 34668
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Restivo, Julio
2.3 STREET ADDRESS	9970-1 Eagle's Point Circle
2.4 CITY-ST-ZIP	Port Richey, FL 34668
3.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Keane, Dorothy
3.3 STREET ADDRESS	9950-4 Eagle's Point Circle
3.4 CITY-ST-ZIP	Port Richey, FL 34668
4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Reaume, Gordon
4.3 STREET ADDRESS	9930-2 Eagle's Point Circle
4.4 CITY-ST-ZIP	Port Richey, FL 34668
5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Langsfeld, Emil
5.3 STREET ADDRESS	9920-2 Eagle's Point Circle
5.4 CITY-ST-ZIP	Port Richey, FL 34668
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Baiardi

3/18/96

Date

813-847-3482

Daytime Phone #

CR2E037 (12/95)

3-26-96