## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

Principal Place of Business

NAME

STREET ADDRESS

CITY-ST-ZIP

Mailing Address

## EAGLE'S POINT CONDOMINIUM ASSOCIATION, INC.

PORT RICHEY FL 34868		5/0 COMMUNITY MIGHT. SYCS 5609 U.S. 19 STE E. NEW PORT RICHEY FL 34652-3754 US			3. Date Incorporated or Qualified 02/21/1980	3a. Date of Last Report 03/26/1996			
	lace of Business	2a. Mailing Address			4. FEI Number 59-2497381	•	Ap	plied For	
21		26			3972497301		No	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
L City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be				
23		Zip Country			Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip <b>29</b>	<b>30</b>	ntry		This corporation has liability for intangible tax under s. 199.032,     Florida Statutes			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered	Agent	
				81	Name				
JOHNSON, KIM C/O COMMUNITY MANAGMENT SVCS., INC. 5609 U.S. 19, STE E			82	Street A	Address (P.O. Box Number is Not Acceptab	le)			
			83						
	ORT RICHEY FL 34652								
				84	City		FL	85 Zip C	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 age	nt and title if applicable (NO	TE Flogistered	d Age	nt signature	required when reinstaling)	DATE		
12,	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
TITLE	VPTD	☐ DELETE	1.1 1	LE		P/D		Change	Addition
NAME	RESTIVO, JULIO			ME	}	Julio Restivo			
STREET ADDRESS	9970-1 EAGLES PT CIRCLE		. 1.3 ST	REET	ADDRESS	9970-1 Eagle's Point Ci	rcle		
CITY-ST-ZIP	PORT RICHEY FL		1.4 CI	TY-S	r-zip	Port Richey, FL 346	<u>68</u>		
TITLE	D DELETE 2.1			TLE	}	VP/D		Change	Addition
NAME	DORESS 9920-2 EAGLE'S POINT CIRCLE 23			22 NAME 23 STREET ADDRESS		Marion Hart			
STREET ADDRESS						9936-1 Eagle's Point Ci	rcle		
CITY-ST-ZIP					ST-ZIP	Port Richey, FL 34668			
TITLE	P DELETE 3.1			TLF		T/D		Change	Addition
NAME	BAIARDI, JOHN	N.F	3.2 NA	ME		Henry Gawle			
STREET ADDRESS	9930-4 EAGLE'S POINT CIRC	ilt	3.3 ST	REET	ADDRESS	9920-3 Eagle's Point Ci	rcle		
CITY-ST-ZIP	PORT RICHEY FL 34668		3.4. C		J-ZP	Port Richey, FL 346	68	- <del></del>	
TITLE		DELETE	4.1 TI	TLE		S/D		☐ Change	Addition
NAME	REAUME, GORDON	N. F	4. 2 N			Dorothy Keane			
STREET ADDRESS	9930-2 EAGLE'S POINT CIRC	让	4.3 ST	REET	ADDRESS	9950-4 Eagle's Point Ci			
CITY-ST-ZIP	PORT RICHEY FL 34668		4.4 CI		T-ZIP	Port Richey, FL 346	68	TT 0:	N1
TITLE	SD VEALE DODOTIN	☐ DELETE	5.1 TI			D		Change	Addition
NAME	KEANE, DOROTHY		5.2 NA	ME	Į	Steven Sinchak	_		
STREET ADDRESS	9950-4 EAGLE'S PT. CIRCLE		5.3 ST	REET	ADDRESS	9991-1 Eagle's Point Ci			
CITY-ST-ZIP	PORT RICHEY FL	Dritte	5.4 CI		1- ZIP	Port Richey, FL 346	38	Channa	Addition
			0 4 70						

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

14. I do 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 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 changes.

**FILED** 

Feb 11 1997 8:00am

Secretary of State