


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751163** (7)  
1. Corporation Name  
**EAGLE'S POINT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**9921 EAGLE'S POINT CIRCLE  
PORT RICHEY FL 34668  
US**

Mailing Address  
**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**

4. FEI Number  
**59-2497381**

Applied For  
☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>8406 Massachusetts Avenue</b>
22 City & State	27 <b>Suite B-3</b>
23 Zip	28 <b>New Port Richey, FL</b>
24 Country	29 <b>34653</b>
25	30 <b>USA</b>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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) <b>8406 Massachusetts Avenue</b>
83 Suite B-3
84 City <b>New Port Richey, FL</b>
85 Zip Code <b>34653</b>

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>RESTIVO, JULIO</b>
STREET ADDRESS	<b>9970-1 EAGLES PT CIRCLE</b>
CITY-ST-ZIP	<b>PORT RICHEY FL</b>
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	<b>MARION HART</b>
STREET ADDRESS	<b>9936-1 EAGLE'S POINT CIR.</b>
CITY-ST-ZIP	<b>PORT RICHEY FL</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	<b>HENRY GAWLE</b>
STREET ADDRESS	<b>9920-3 EAGLE'S POINT CIR.</b>
CITY-ST-ZIP	<b>PORT RICHEY FL</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	<b>DOROTHY KEANE</b>
STREET ADDRESS	<b>9950-4 EAGLE'S POINT CIR.</b>
CITY-ST-ZIP	<b>PORT RICHEY FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>STEVEN SINCHAK</b>
STREET ADDRESS	<b>9991-1 EAGLE'S POINT CR.</b>
CITY-ST-ZIP	<b>PORT RICHEY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>President/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Charles Brown</b>
1.3 STREET ADDRESS	<b>9936-4 Eagle's Point Circle</b>
1.4 CITY-ST-ZIP	<b>Port Richey, FL 34668</b>
2.1 TITLE	<b>Secretary/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Gertrude Ivison</b>
2.3 STREET ADDRESS	<b>9920-1 Eagle's Point Circle</b>
2.4 CITY-ST-ZIP	<b>Port Richey, FL 34668</b>
3.1 TITLE	<b>Treasurer/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Anita Garner</b>
3.3 STREET ADDRESS	<b>9981-1 Eagle's Point Circle</b>
3.4 CITY-ST-ZIP	<b>Port Richey, FL 34668</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 changed, or on an attachment with an address.

SIGNATURE:

**Gertrude E. Ivison**

**SIGNATURE REQUIRED**

(813) 847-3482

CR2E037 (10/97)