

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 751163**

1. Entity Name

**EAGLE'S POINT CONDOMINIUM ASSOCIATION, INC.****FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90012 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9921 EAGLE'S POINT CIRCLE  
PORT RICHEY FL 34668  
US8406 MASSACHUSETTS AVE  
STE. B-3  
NEW PORT RICHEY FL 34653-3130  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2497381**

Applied For

Not Applicable

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

JOHNSON, KIM  
8406 MASSACHUSETTS AVE  
STE. B-3  
NEW PORT RICHEY FL 34653

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME BROWN, CHARLES  
STREET ADDRESS 9936-4 EAGLE'S POINT CIR  
CITY-ST-ZIP PORT RICHEY FL 34668TITLE President ☐ Change ☒ Addition  
NAME Joseph Adamo  
STREET ADDRESS 9971-3 Eagle's Point Circle  
CITY-ST-ZIP Port Richey, FL 34668TITLE SD ☒ Delete  
NAME IVISON, GERTRUDE  
STREET ADDRESS 9920-1 EAGLE'S POINT CIR  
CITY-ST-ZIP PORT RICHEY FL 34668TITLE Vice President ☐ Change ☒ Addition  
NAME Robert Deletetsky  
STREET ADDRESS 9970-4 Eagle's Point Circle  
CITY-ST-ZIP Port Richey, FL 34668TITLE TD ☒ Delete  
NAME GARNER, ANITA  
STREET ADDRESS 9981-1 EAGLE'S POINT CIR  
CITY-ST-ZIP PORT RICHEY FL 34668TITLE Secretary ☐ Change ☒ Addition  
NAME Betty Carroll  
STREET ADDRESS 9980-2 Eagle's Point Circle  
CITY-ST-ZIP Port Richey, FL 34668TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE Treasurer ☐ Change ☒ Addition  
NAME Ralph Verderosa  
STREET ADDRESS 9940-4 Eagle's Point Circle  
CITY-ST-ZIP Port Richey, FL 34668TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE Director ☐ Change ☒ Addition  
NAME Julio Restivo  
STREET ADDRESS 9970-1 Eagle's Point Circle  
CITY-ST-ZIP Port Richey, FL 34668TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-00 (727) 847-3482