

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751163

1. Entity Name

EAGLE'S POINT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90157 034 \*\*\*\*61.25

Principal Place of Business

9921 EAGLE'S POINT CIRCLE  
PORT RICHEY FL 34668  
US

Mailing Address

~~8400 MASSACHUSETTS AVE~~  
~~STE 83~~  
NEW PORT RICHEY FL 34653  
US

2. Principal Place of Business

3. Mailing Address

8056 Old C.R. 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Port Richey, FL

4. FEI Number

59-2497381

Applied For

Not Applicable

Zip

Country

Zip

34653

Country

US

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  
~~8400 MASSACHUSETTS AVE~~  
~~STE 83~~  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, CHARLES 9936-4 EAGLE'S POINT CIR PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IVISON, GERTRUDE 9920-1 EAGLE'S POINT CIR PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARNER, ANITA 9981-1 EAGLE'S POINT CIR PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joseph Adamo 9971-3 Eagle's Point Port Richey, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert Deletetsky 9970-4 Eagle's Point Circle Port Richey, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Claire Flood 9910-1 Eagle's Point Circle Port Richey, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Christine Graziano 9900-4 Eagle's Point Circle Port Richey, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Julio Restivo 9970-1 Eagle's Point Port Richey, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Joseph Adamo*

4-26-01 (727) 375-9880

CR2E037 (10/00)