
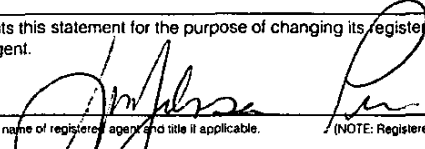
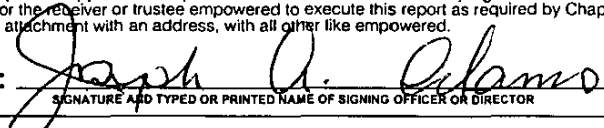


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90092 006 \*\*\*\*61.25

<b>DOCUMENT # 751163</b> 1. Entity Name <b>EAGLE'S POINT CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9921 EAGLE'S POINT CIRCLE PORT RICHEY, FL 34668 US</b>			Mailing Address <b>C/O COMMUNITY MANAGEMENT SERVICES INC 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652 US</b>		
2. Principal Place of Business <b>5609 US 19</b>		3. Mailing Address <b>5609 US 19</b>			
Suite, Apt. #, etc. <b>Suite E</b>		Suite, Apt. #, etc. <b>Suite E</b>			
City & State <b>New Port Richey, FL</b>		City & State <b>New Port Richey, FL</b>		4. FEI Number <b>59-2497381</b>	
Zip <b>34652</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COMMUNITY MANAGEMENT SERVICES, INC 8056 OLD CR 54 NEW PORT RICHEY, FL 34653</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5609 US 19 Ste E</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</b>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  <b>2-22-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D D'AMATO, JOSEPHINE 9950-1 EAGLES POINT CIR PORT RICHEY, FL 34668</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD Josephine D'Amato 9950-1 Eagle's Point Cir Port Richey, FL 34668</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GRAZIANO, CHRISTINE 9900-4 EAGLE'S POINT CIRCLE PORT RICHEY, FL 34668</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Janet Zollo 9981-3 Eagle's Point Cir Port Richey, FL 34668</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ADAMO, JOSEPH 9971-3 EAGLE'S POINT PORT RICHEY, FL 34668</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD ZOLLO, JANET 9981-3 EAGLE'S POINT CIRCLE PORT RICHEY, FL 34668</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Elaine Mahoney 9940-1 Eagle's Point Cir Port Richey, FL 34668</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRAZIANO, CARMINE 9900-4 EAGLES POINT CIR PORT RICHEY, FL 34668</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>  <b>2/9/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					