

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90111 033 ****61.25

DOCUMENT # 751163 1. Entity Name EAGLE'S POINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5901 US 19 N STE 7Q NEW PORT RICHEY, FL 34652 US			Mailing Address 5901 US 19 N STE 7Q NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business - No P.O. Box # 5837 Trable Creek Rd.		3. Mailing Address 5837 Trable Creek Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 59-2497381	
Zip 34652		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US 19 N STE 7Q NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name Community Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 5837 Trable Creek Rd. City New Port Richey FL Zip Code 34652			
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:  DATE: 4/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD D'AMATO, JOSEPHINE 5901 US 19 N, STE 7Q NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Joseph Adama 9971-3 Eagles Point Circle Port Richey, FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ZOLLO, JANET 5901 US 19 N, STE 7Q NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Janet Zollo 9981-3 Eagles Point Circle Port Richey, FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADAMO, JOSEPH 5901 US 19 N, STE 7Q NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Norcen Connolly 9970-2 Eagles Point Circle Port Richey, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O MAHONEY, ELAINE 5901 US 19 N, STE 7Q NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Chris Graziano 9900-4 Eagles Point Circle Port Richey, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAZIANO, CARMINE 5901 US 19 N, STE 7Q NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Carmine Graziano 9900-4 Eagles Point Circle Port Richey, FL 34668	<input checked="" 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.					
SIGNATURE: 			727-816-9900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		