

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751163

**Entity Name:** EAGLE'S POINT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5837 TROUBLE CREEK RD.  
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5837 TROUBLE CREEK RD.  
NEW PORT RICHEY, FL 34652 US**FEI Number:** 59-2497381**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT SERVICES, INC.  
5837 TROUBLE CREEK RD.  
NEW PORT RICHEY, FL 34652 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	VP
Name	JOHNSON, MICHAEL
Address	5837 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	D'AMATO, JOSEPHINE
Address	5837 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	CORDERO, MARY
Address	5837 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREASURER
Name	COMO, DEBBIE
Address	5837 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	PRESIDENT
Name	HAYES, VICKI
Address	5837 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICKI HAYES**PRESIDENT****04/20/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date