

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751163

**Entity Name:** EAGLE'S POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

720 BROOKER CREEK BLVD - STE. 206  
OLDSMAR, FL 34677

**Current Mailing Address:**

720 BROOKER CREEK BLVD - STE. 206  
OLDSMAR, FL 34677 US

**FEI Number:** 59-2497381

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCANNAVINO, INC.  
720 BROOKER CREEK BLVD - STE. 206  
OLDSMAR, FL 34677 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 PD  
Name CONNOLLY, NOREEN  
Address 720 BROOKER CREEK BLVD - STE.  
206  
City-State-Zip: OLDSMAR FL 34677

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

Title D  
Name CONNER, LORRIE  
Address 720 BROOKER CREEK BLVD - STE.  
206  
City-State-Zip: OLDSMAR FL 34677

Title VD  
Name SKVIRBLYS, SANDRA  
Address 720 BROOKER CREEK BLVD - STE.  
206  
City-State-Zip: OLDSMAR FL 34677

Title TREASURER  
Name COMO, DEBORAH  
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:** NOREEN CONNOLLY

**PRESIDENT**

**01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date