

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90045 048 ****61.25

DOCUMENT # 767852 1. Entity Name EAGLESWOOD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5609 US HWY 19 SUITE E NEW PORT RICHEY, FL 34652			Mailing Address 5609 US HWY 19 SUITE E NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box # 5831 Trouble Creek Rd.		3. Mailing Address 5831 Trouble Creek Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 59-2459102	
Zip 34652		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, KIM COMMUNITY MGMT. SERVICES, INC 5609 US HWY 19 STE E 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) 5831 Trouble 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 _____ <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					
TITLE	NAME	Delete	TITLE	NAME	Change Addition
	SD HAAS, EVELYN 12308 C EAGLESWOOD DR BAYONET POINTE, FL 34667	<input checked="" type="checkbox"/>		P Joe Levine 12409-D Eagleswood Dr. Hudson, FL 34667	<input type="checkbox"/> <input checked="" type="checkbox"/>
	D ORIONE, ANDY 12405 B EAGLESWOOD DR BAYONET POINTE, FL 34667	<input checked="" type="checkbox"/>		VP Vincent Healy 12400-C Eagleswood Dr. Hudson, FL 34667	<input type="checkbox"/> <input checked="" type="checkbox"/>
	PD KACEROSKY, JULIA 10730 US 19, SUITE 17 PORT RICHEY, FL 34668	<input checked="" type="checkbox"/>		S Donald Addario 12411-C Eagleswood Dr. Hudson, FL 34667	<input type="checkbox"/> <input checked="" type="checkbox"/>
	TD PRIZZI, JOE 10730 US 19, SUITE 17 PORT RICHEY, FL 34668	<input checked="" type="checkbox"/>		T Bob Van Schwedler 12404-A Eagleswood Dr. Hudson, FL 34667	<input type="checkbox"/> <input checked="" type="checkbox"/>
	VD MCMULLEN, HERBERT 10730 US 19, SUITE 17 PORT RICHEY, FL 34668	<input checked="" type="checkbox"/>		P Robert Rathmann 12402-B Eagleswood Dr. Hudson, FL 34667	<input type="checkbox"/> <input checked="" type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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: <i>Robert R. van Schwedler Pres.</i>				727-816-9900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	