

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90013 015 \*\*\*\*61.25

**DOCUMENT # N02000005740**

1. Entity Name  
**EAGLE COURT TOWNHOUSES HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**POST OFFICE BOX 1084  
SAINT PETERSBURG, FL 33731**

Mailing Address  
**C/O SUE LAMONT  
250 104TH AVE  
TREASURE ISLAND, FL 33706-4846**

4003400



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**16-1637424**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMONT, SUE  
250 104TH AVE  
TREASURE ISLAND, FL 33706-4846**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete  
NAME CANTORE, MICHAEL E  
STREET ADDRESS 703 CHARLES CT S  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☒ Delete  
NAME DOUGHEATY, ERIN  
STREET ADDRESS 709 CHANCES CT S  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE ERIC VILLARD ☒ Change ☐ Addition  
NAME 707 CHARLES CT, S  
STREET ADDRESS ST PETERSBURG FL 33701  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME STILL, WILLIAM  
STREET ADDRESS PO BOX 22471  
CITY-ST-ZIP SAINT PETERSBURG, FL 33742

TITLE ANA BRET SCHNEIDER ☒ Change ☐ Addition  
NAME 707 CHARLES COURT  
STREET ADDRESS ST PETERSBURG  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL E. CANTORE**

Date

Daytime Phone #

**03/01/06**