

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90074 005 ****61.25

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01132005 Chg-NP CR2E037 (10/03)

DOCUMENT # N06828			
1. Entity Name EAGLE VILLAGE OF CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2085 UNIVERSITY DR CORAL SPRINGS, FL 33071		Mailing Address 2085 UNIVERSITY DR CORAL SPRINGS, FL 33071	
2. Principal Place of Business 2855 N. University Dr. Suite, Apt. #, etc. Suite 310 City & State Coral Springs, FL Zip 33065 Country US		3. Mailing Address 2855 N. University Dr. Suite, Apt. #, etc. Suite 310 City & State Coral Springs, FL Zip 33065 Country US	
4. FEI Number 59-2684236		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIARENZA, CJ 2085 UNIVERSITY DR CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name - Chiarenza, C.J. Street Address (P.O. Box Number is Not Acceptable) 2855 N. University Dr. Suite 310 City - Coral Springs FL Zip Code 33065	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		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	PD VELOZ, YADRIA 8946 W SAMPLE RD CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Correct spelling of first name is Yadira
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALLEN, DAVE 8958 UNIVERSITY DR CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OPPENHEIMER, BARBARA 8944 W SAMPLE RD CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Karen Marshall 870 NW 203rd St. Miami, FL 33169 <input type="checkbox"/> Change <input checked="" 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
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
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 exemption stated in Section 119.07(3)(i), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		02/23/05 Date Daytime Phone #	