


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90022 004 \*\*\*\*61.25

<b>DOCUMENT # N06828</b> 1. Entity Name <b>EAGLE VILLAGE OF CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2855 N UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065</b>			Mailing Address <b>2855 N UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CHIARENZA, CJ 2855 N UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VELOZ, YADIRA</b>		NAME		
STREET ADDRESS	<b>8946 W SAMPLE RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MALLEN, DAVE</b>		NAME		
STREET ADDRESS	<b>8958 UNIVERSITY DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARSHALL, KAREN</b>		NAME	<i>Marshall Karen</i>	
STREET ADDRESS	<b>870 NW 203RD ST</b>		STREET ADDRESS	<i>80 Maple St.</i>	
CITY-ST-ZIP	<b>MIAMI, FL 33169</b>		CITY-ST-ZIP	<i>Brooklyn, NY 11225</i>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<i>Peter (Secretary)</i>	
STREET ADDRESS			STREET ADDRESS	<i>8944 W Sample Rd</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Coral Springs, FL 33065</i>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Yadira Veloz</i> <span style="float: right;"><i>2/19/07</i></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40023220



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2684236**

Applied For  
Not Applicable

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

**FL** Zip Code