

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90054 007 ****61.25

DOCUMENT # N23402

1. Entity Name

EAGLE CAY CONDOMINIUM, INC.



Principal Place of Business

881-901 COLLIER CT
MARCO ISLAND FL 34145

Mailing Address

PO BOX 931
MARCO ISLAND FL 34146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0037921

Applied For

Not Applicable

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

BURT, CHRISTOPHER
601 ELKCAM CIR.
B-7
MARCO ISLAND FL 34145

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REARDEN, JOHN 901 COLLIER COURT MARCO ISLAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRAVATO, FRANK 889 COLLIER COURT MARCO ISLAND FL 34145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STONE, NIELS 897 COLLIER CT MARCO ISLAND FL 34145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUSTARD, GERRY 897 COLLIER CT MARCO ISLAND FL 34145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARVEY, MAURICE 897 COLLIER COURT MARCO ISLAND FL 34145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #