


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90016 049 \*\*\*\*61.25

<b>DOCUMENT # N23402</b>	
1. Entity Name	
EAGLE CAY CONDOMINIUM, INC.	

Principal Place of Business	Mailing Address
881-901 COLLIER CT MARCO ISLAND FL 34145	PO BOX 931 MARCO ISLAND FL 34146

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

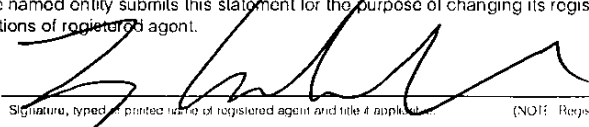
Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0037921	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BURT, CHRISTOPHER 601 ELKCAM CIR. B-7 MARCO ISLAND FL 34145	

7. Name and Address of New Registered Agent	
Name: <u>TONY ANDRADE</u>	
Street Address (P.O. Box Number is Not Acceptable): <u>601 ELKCAM Circle B-7</u>	
City: <u>MARCO ISLAND</u>	FL <u>34145</u>

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: <u>3-15-07</u>

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	DVP
STREET ADDRESS	REARDEN, JOHN
CITY- ST- ZIP	901 COLLIER COURT MARCO ISLAND FL
TITLE	<input type="checkbox"/> Delete
NAME	DT
STREET ADDRESS	RODKEY, RICHARD
CITY- ST- ZIP	2809 12TH AVE, # 301 ROCK ISLAND IL 61201
TITLE	<input checked="" type="checkbox"/> Delete
NAME	DP
STREET ADDRESS	STONE, NIELS
CITY- ST- ZIP	897 COLLIER CT MARCO ISLAND FL 34145
TITLE	<input type="checkbox"/> Delete
NAME	SD
STREET ADDRESS	BUSTARD, GERRY
CITY- ST- ZIP	897 COLLIER CT MARCO ISLAND FL 34145
TITLE	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	ROBBINS, JOAN
CITY- ST- ZIP	901 COLLIER CT, # 606 MARCO ISLAND FL 34145
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIRGINIA RAPP
STREET ADDRESS	897 COLLIER CT. # 704
CITY- ST- ZIP	MARCO ISLAND, FLORIDA 34145
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM STARR
STREET ADDRESS	901 COLLIER COURT # 602
CITY- ST- ZIP	MARCO ISLAND, FLORIDA 34145
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:**  **JERRY BUSTARD** 3-15-07 239-642-8872