

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90155 047 ****61.25

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DOCUMENT # N92000000654 1. Entity Name EAGLEWOOD WEST CONDOMINIUM ASSOCIATION OF NAPLES, INC.																																																																																																												
Principal Place of Business 834 BALD EAGLE DRIVE MARCO ISLAND, FL 34145 US		Mailing Address 834 BALD EAGLE DRIVE MARCO ISLAND, FL 34145 US																																																																																																										
2. Principal Place of Business - No P.O. Box # 1035 Collier Center Way Suite, Apt. #, etc. 7		3. Mailing Address Suite, Apt. #, etc.																																																																																																										
City & State Naples, FL		City & State																																																																																																										
Zip 34110		Country U.S.																																																																																																										
4. FEI Number 65-0374202		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 HART, STEPHEN P. COLLIER FINANCIAL INC. 4985 E TAMiami TR NAPLES, FL 34113		7. Name and Address of New Registered Agent Name Susan Thompson Street Address (P.O. Box Number is Not Acceptable) 1035 Collier Center Way, #7 City Naples FL Zip Code 34110																																																																																																										
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 <u>Susan Thompson, Agent</u> 4/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																												
Filing Fee is \$61.25 Due by May 1, 2008		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																																																																																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D COLEMAN, DAVID</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">246 ARDSLEY RD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WATERBURY, CT 06708</td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">SANTOS, DON</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">6176 PEPPERWOOD COURT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MENTOR, OH 44060</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">SCULLY, MARTIN</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">23 AUTUMN RIDGE AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">NANGTUCK, CT</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>				TITLE	D COLEMAN, DAVID	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	246 ARDSLEY RD		CITY-ST-ZIP	WATERBURY, CT 06708		TITLE	PD	<input type="checkbox"/> Delete	NAME	SANTOS, DON		STREET ADDRESS	6176 PEPPERWOOD COURT		CITY-ST-ZIP	MENTOR, OH 44060		TITLE	D	<input type="checkbox"/> Delete	NAME	SCULLY, MARTIN		STREET ADDRESS	23 AUTUMN RIDGE AVE		CITY-ST-ZIP	NANGTUCK, CT		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			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			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		
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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: <u>Donnell G. Santos</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																												
<small>Date</small>		<small>Daytime Phone #</small>																																																																																																										