2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# N96000005410

Entity Name: EAGLES CREST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

205 CANOVA DRIVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

116 CANAL STREET
SUITE A
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

205 CANOVA DRIVE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

116 CANAL STREET
SUITE A
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-3505908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUMANN, KARLA
205 CANOVA DRIVE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

BAUMANN, KARLA
116 CANAL STREET
SUITE A
NEW SMYRNA BEACH, FL 32168 US

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.

SIGNATURE: _____ 04/28/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: TETRICK, JACK
Address: 1817 EAGLES CREST DR
City-St-Zip: DAYTONA BEACH, FL 32128

Title: TD ( ) Delete
Name: PROBST, GERALD
Address: 1805 EAGLES CREST DR
City-St-Zip: DAYTONA BEACH, FL 32128

Title: VP/D ( ) Delete
Name: SHAD, CONNIE
Address: 1816 EAGLES CREST DR.
City-St-Zip: DAYTONA BEACH, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK TETRICK P/D 04/28/2007
Electronic Signature of Signing Officer or Director — Date