

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005410

FILED  
Jan 27, 2008  
Secretary of State

**Entity Name:** EAGLES CREST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

116 CANAL STREET  
SUITE A  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

116 CANAL STREET  
SUITE A  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D (X) 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: P/T/ (X) Change ( ) Addition  
Name: PROBST, GERALD  
Address: 1805 EAGLES CREST DR  
City-St-Zip: PORT ORANGE, FL 32128

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: GERALD PROBST

P

01/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date