

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000003511**

**1. Entity Name**  
**EAGLE POND CONDOMINIUM ASSOCIATION, INC.**



**Principal Place of Business**  
**3601 CYPRESS GARDENS ROAD**  
**WINTER HAVEN, FL 33884**

**Mailing Address**  
**3601 CYPRESS GARDENS ROAD**  
**WINTER HAVEN, FL 33884**



02172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>59-3587480</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**WOOD, JOHN G JR.**  
**3601 CYPRESS GARDENS ROAD**  
**WINTER HAVEN, FL 33884**

**DO NOT WRITE  
IN THIS SPACE**

**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**

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PDT</b>
<b>NAME</b>	<b>WOOD, JOHN G JR</b>
<b>STREET ADDRESS</b>	<b>3601 CYPRESS GARDENS RD</b>
<b>CITY-ST-ZIP</b>	<b>WINTER HAVEN, FL 33884</b>

<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>WOOD, JOHN G</b>
<b>STREET ADDRESS</b>	<b>3601 CYPRESS GARDENS RD</b>
<b>CITY-ST-ZIP</b>	<b>WINTER HAVEN, FL 33884</b>

<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>WOOD, THOMAS H</b>
<b>STREET ADDRESS</b>	<b>3601 CYPRESS GARDENS RD</b>
<b>CITY-ST-ZIP</b>	<b>WINTER HAVEN, FL 33884</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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<b>CITY-ST-ZIP</b>	

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03/04/05-80057-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 instrument with an address, with all other like empowered.**

**SIGNATURE: John G. Wood Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President* 2/25/05 803 324 9663

Date

Daytime Phone #