


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # N99000003511 1. Entity Name EAGLE POND CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business 3601 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33884 | Mailing Address 3601 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33884 |
|--|--|

DO NOT WRITE IN THIS SPACE



04032008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-3587480 | Applied For <input type="checkbox"/> 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 WOOD, JOHN G JR. 3601 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33884 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000906870
05/05/08-80015-019 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT WOOD, JOHN G JR 3601 CYPRESS GARDENS RD WINTER HAVEN, FL 33884 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WOOD, JOHN G 3601 CYPRESS GARDENS RD WINTER HAVEN, FL 33884 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WOOD, THOMAS H 3601 CYPRESS GARDENS RD WINTER HAVEN, FL 33884 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #