

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90026 050 ***150.00

DOCUMENT # 500718

1. Entity Name
EPOCH MANAGEMENT, INC.



Principal Place of Business

ATTN: PROPERTY ACCOUNTANT
BAY POINTE, 359 CAROLINA AVE.
ORLANDO, FL 32789 US

Mailing Address

ATTN: PROPERTY ACCOUNTANT
BAY POINTE, 359 CAROLINA AVE.
ORLANDO, FL 32789 US



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1690429

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DOWNING, GRANT T
GODBOLD, DOWNING, SHEAHAN & BILL
222 W COMSTOCK AVE STE 101
WINTER PARK, FL 32789

**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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
RIVA, KYLE
359 CAROLINA AVE
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
RELVINI, TRICIA
359 CAROLINA AVE
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD D
PUGH, JAMES H.
359 CAROLINA AVE.
WINTER PARK, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JACOBY, GREG
359 CAROLINA AVENUE
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MORGAN, KATHY
359 CAROLINA AVE
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 607, 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

1/4/06

Date

Daytime Phone # _____