2005 NOT-FOR-PROFIT CORPURATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # 745002 E POINT CONDOMINIUM A	SSOCIATION, INC.		0	4-13-2005 9004	024 ****6	1.25	
Principal Place 860 PANAMA #220 MARCO ISLAN	ACT	Mailing Address 860 PANAMA CT #220 MARCO ISLAND, FL 3414!	5	20031	515			
Suite, Apt.	Paid Eagle Dr #, etc.	3. Mailing Address Suite, Apt. #, etc.	Eagle [<u>71-</u>			31 3 1. 01 1001	
City & State	Jaland FL	Marco ISIO	und F	4. FEI Number 59-185304	2	 	plied For at Applicable	
Zip 3L	1145 Country	34145	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Add	ress of New Register	ed Agent		
JONES, CRAIG 860 PANAMA CT				Street Address (P.O. Box Number is Not Acceptable)				
#220 MARCO ISLAND, FL 34145								
	·		City			Zip Code	9	
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 provided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered agent a	······································		required when reinstating)				
	Filling Fee is \$61.25 Due by May 1, 2005	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be	Make ch	eck payable to		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make ch	eck payable to partment of St	ate 10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 althorher like empowered.

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

t-8-05 642-644