

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N36056** (2)

1. Corporation Name
EAGLES POINT COMMUNITY ASSOCIATION, INC.



Principal Place of Business: **4990 S TAMiami TRAIL SARASOTA FL 34231**
Mailing Address: **4990 S TAMiami TRAIL SARASOTA FL 34231**

3. Date Incorporated or Qualified: **01/11/1990**
3a. Date of Last Report: **06/16/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		65-0577759	Not Applicable
22	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	29	Zip			<input type="checkbox"/> \$5.00 May Be Added to Fees
	Country	30	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRAAM, JOHN 4990 SOUTH TAMiami TRAIL SARASOTA FL 34231		81	Name Property Accounting Management, Inc.
		82	Street Address (P.O. Box Number is Not Acceptable) 2055 Wood St.
		83	
		84	City Sarasota
		85	Zip Code FL 34237

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: MELVIN RUBIN Secretary *4/3/96*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, JAMES L.	1.2 NAME	
STREET ADDRESS	4990 S TAMiami TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAAM HOWES, EVE	2.2 NAME	
STREET ADDRESS	4990 S TAMiami TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAAM, JOHN	3.2 NAME	
STREET ADDRESS	4990 S TAMiami TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, ROBERT	4.2 NAME	
STREET ADDRESS	5408 EAGLES PT CIR #305	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D Rosen, Bert
STREET ADDRESS		5.3 STREET ADDRESS	5400 Eagles Point Circle
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *U. Jones* Date: 4/3/96 (941) 925-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)