

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N36056 (2)**  
1. Corporation Name  
**EAGLES POINT COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>4990 S TAMiami TRAIL SARASOTA FL 34231</b>	Mailing Address <b>2055 WOOD ST SUITE 202 SARASOTA FL 34237-7045 US</b>
--	--

3. Date Incorporated or Qualified <b>01/11/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	25	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	26	27	28	29	30
--	----	--	----	----	----	----	----

4. FEI Number <b>65-0577759</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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  
**BRAAM, JOHN  
2055 WOOD ST.  
SARASOTA FL 34237**

10. Name and Address of New Registered Agent  
~~81 Name  
**Property & Accounting Mgmt., Inc.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2055 Wood St.**  
83  
**Suite 202**  
84 City  
**Sarasota, FL** *No change* **FL** 85 Zip Code  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENNIS, JAMES L.</b>	1.2 NAME	
STREET ADDRESS	<b>4990 S TAMiami TRAIL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAAM HOWES, EVE</b>	2.2 NAME	
STREET ADDRESS	<b>4990 S TAMiami TRAIL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAAM, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>4990 S TAMiami TRAIL</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSEN, BERT</b>	4.2 NAME	<b>Mayne, Dr. Benjamin</b>
STREET ADDRESS	<b>5400 EAGLES POINT CIRCLE</b>	4.3 STREET ADDRESS	<b>5440 Eagles Point Circle #203</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>	4.4 CITY - ST - ZIP	<b>Sarasota, FL 34231</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **SIGNATURE REQUIRED** **4.2.97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0063270**

CR2E037 (9/96)