


FILE NOW: FILING FEE IS \$61.25

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Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90104 048 \*\*\*\*61.25

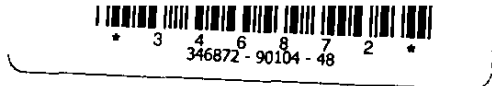
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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36056**

1. Corporation Name  
**EAGLES POINT COMMUNITY ASSOCIATION, INC.**

Principal Place of Business 4990 S TAMiami TRAIL SARASOTA FL 34231	Mailing Address 2055 WOOD ST SUITE 202 SARASOTA FL 34237 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/11/1990	4. FEI Number 65-0577759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	HOWES, EVE	
STREET ADDRESS	4990 S TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BRAAM, JOHN	
STREET ADDRESS	4990 S TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIEDEL, DONALD	
STREET ADDRESS	5440 EAGLES POINT CIR, #205	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Howes, Eve	
1.3 STREET ADDRESS	5440 Eagles Point Circle #104	
1.4 CITY-ST-ZIP	Sarasota, FL 34231	
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mayne, Ben	
2.3 STREET ADDRESS	5440 Eagles Point Circle #203	
2.4 CITY-ST-ZIP	Sarasota, FL 34231	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nusbaum, Carl	
3.3 STREET ADDRESS	5400 Eagles Point Circle #405	
3.4 CITY-ST-ZIP	Sarasota, FL 34231	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: BEN MAYNE RECD MEIDA YNE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (11/98)