

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36056

1. Entity Name

EAGLES POINT COMMUNITY ASSOCIATION, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90087 008 ****61.25

Principal Place of Business

4990 S TAMiami TRAIL
 SARASOTA FL 34231

Mailing Address

~~2055 WOOD ST
 SUITE 202
 SARASOTA FL 34237-7929
 US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DELLCOR MANAGEMENT, INC.

City & State

**310 PEARL AVENUE
 SARASOTA FL 34243**

4. FEI Number

65-0577759

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PROPERTY & ACCOUNTING MGMT, INC.
 2055 WOOD ST.
 STE 202
 SARASOTA FL 34237~~

Name

DELLCOR MANAGEMENT, INC.

Street Address

310 PEARL AVENUE

City

SARASOTA FL 34243

FL

Zip Code

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.

SIGNATURE

Alan Howes **ALAN HOWES**

4/22/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HOWES, EVE	
STREET ADDRESS	5440 EAGLES POINT CIRCLE #104	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAYNE, BEN	
STREET ADDRESS	5440 EAGLES POINT CIRCLE #203	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NUSBAUM, CARL	
STREET ADDRESS	5400 EAGLES POINT CIRCLE #405	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *BEN MAYNE*

REQUIRENDOR MAYNE

4/18/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)