

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90314 016 \*\*\*\*61.25

<b>DOCUMENT # N36056</b> 1. Entity Name <b>EAGLES POINT COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>4990 S TAMiami TRAIL                  SARASOTA, FL 34231</b>			Mailing Address <b>DELCOR MANAGEMENT, INC.                  310 PEARL AVENUE                  SARASOTA, FL 34243 US</b>		
2. Principal Place of Business <b>Eagles Point Community</b>		3. Mailing Address <b>Casey Management</b>			
Suite, Apt. #, etc. <b>5490 Eagles Point Cir.</b>		Suite, Apt. #, etc. <b>4370 S Tamiami Tr #156</b>			
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>			
Zip <b>34231</b>		Zip <b>34231</b>		4. FEI Number <b>65-0577759</b>	
Country <b>USA</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04142004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent <b>DELCOR MANAGEMENT, INC.                  310 PEARL AVENUE                  SARASOTA, FL 34243</b>			7. Name and Address of New Registered Agent Name <b>Casey Condominium Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>4370 S. Tamiami Tr. #156</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34231</b>		
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: <i>Ann Seaburg</i> <b>ANN SEABURG LEAM</b> <b>4-23-04</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25                  Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERKEY, JERE 5420 EAGLES PT. CIRCLE SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mayne, Ben 5440 Eagles Point Circle #203 Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENTON, MARILYN 5412 EAGLES PT. CIRCLE SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Fenton, Marilyn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENDELL, CONLIN 5450 EAGLES PT. CIRCLE SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND Wendell, Colin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, CAL 5450 EAGLES PT. CIRCLE SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Oxarart, Melody 5457 Eagles Point Circle Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NUSBAUM, JACK 3400 EAGLE POINT CIRCLE SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Humphrey, Ted 5408 Eagles Point Circle Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HOWES, ALAN 5457 EAGLES POINT CIR SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HOWES, ALAN 5457 EAGLES POINT CIR SARASOTA, FL 34231	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Alan Howes</i> <b>ALAN HOWES</b> <b>TREAS.</b> <b>4/23/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					