

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N36056

1. Entity Name
EAGLES POINT COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**4990 S TAMiami TRAIL
SARASOTA, FL 34231**

Mailing Address
**DELCOR MANAGEMENT, INC.
310 PEARL AVENUE
SARASOTA, FL 34243 US**



| | | | |
|---|-----------------------|--|-----------------------|
| 2. Principal Place of Business Eagles Point Community | | 3. Mailing Address Casey Management | |
| Suite, Apt. #, etc. 5490 Eagles Point Cir. | | Suite, Apt. #, etc. 4370 S Tamiami Tr #156 | |
| City & State Sarasota, FL | | City & State Sarasota, FL | |
| Zip 34231 | Country USA | Zip 34231 | Country USA |

04142004 Chg-NP CR2E037 (10/03)

| | |
|---|--|
| 4. FEI Number 65-0577759 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**DELCOR MANAGEMENT, INC.
310 PEARL AVENUE
SARASOTA, FL 34243**

7. Name and Address of New Registered Agent

Name
Casey Condominium Management
Street Address (P.O. Box Number is Not Acceptable)
4370 S. Tamiami Tr. #156
City
Sarasota FL Zip Code
34231

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: *[Signature]* **ANN SEABURG L CAM** **4-23-04**
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| 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 | D FENTON, MARILYN 5412 EAGLES PT. CIRCLE SARASOTA, FL 34231 <input type="checkbox"/> Delete |
| 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 | D OWEN, CAL 5450 EAGLES PT. CIRCLE SARASOTA, FL 34231 <input type="checkbox"/> Delete |
| 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 | SEC HOWES, ALAN 5457 EAGLES POINT CIR SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| 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 | SD Fenton, Marilyn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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 | 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #