


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90079 017 ****61.25

DOCUMENT # N36056
 1. Entity Name
EAGLES POINT COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
EAGLES POINT COMMUNITY **CASEY MGMT.**
5490 EAGLES POINT CIR. **4370 S TAMIAMI TRL., #156**
SARASOTA FL 34231 **SARASOTA FL 34231**
US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc. **102**

1st MOORE CR2E037 (10/05)

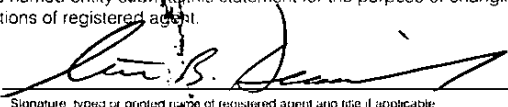
City & State City & State
4. FEI Number **65-0577759** Applied For
 Not Applicable

Zip Country Zip Country
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CASEY CONDOMINIUM MGMT.
4370 S TAMIAMI TRL.
~~#156~~
SARASOTA FL 34231

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
STE 102
 City **FL** Zip Code

8. The above named entity swears to 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  DATE **4/28/06**

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD <input type="checkbox"/> Delete
NAME	BERKEY, JERE
STREET ADDRESS	5420 EAGLES PT. CIRCLE
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	SD <input type="checkbox"/> Delete
NAME	FENTON, MARILYN
STREET ADDRESS	5412 EAGLES PT. CIRCLE
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	D <input type="checkbox"/> Delete
NAME	WENDELL, CONLIN
STREET ADDRESS	5450 EAGLES PT. CIRCLE
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	D <input type="checkbox"/> Delete
NAME	STONE, JUDITH
STREET ADDRESS	5430 EAGLES P CIRCLE #103
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	PD <input type="checkbox"/> Delete
NAME	MAYNE, BEN
STREET ADDRESS	5440 EAGLES POINT CIR., #203
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	D <input type="checkbox"/> Delete
NAME	OXARART, MELODY
STREET ADDRESS	5457 EAGLES POINT CIR.
CITY-ST-ZIP	SARASOTA FL 34231

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACK, TERRY
STREET ADDRESS	5400 EAGLES POINT CIRCLE, #206
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Section 119, 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: 

4/28/06