


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90034 020 \*\*\*\*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 - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**102**

1st MOORE CR2E037 (10/06)

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.**  
**SUITE 102**  
**SARASOTA FL 34231**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: Wendell, Conlin STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: Oxarart, Frank STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JERE A. BERKEY** Date: **4-29-07** Daytime Phone #: **941-928-6063**