


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

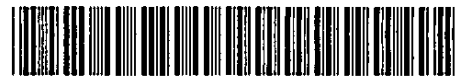
**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90039 019 \*\*\*\*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., #102**  
**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.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)  
 4. FEI Number **65-0577759**  
 Applied For  
 Not Applicable

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 *[Signature]* DATE *4/27/08*  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature and used when reappointing)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	T	<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, COLIN	
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, FRANK	
STREET ADDRESS	5457 EAGLES POINT CIR.	
CITY-ST-ZIP	SARASOTA FL 34231	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEIS, DAVID	
STREET ADDRESS	5430 EAGLES POINT CIR # 403	
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		

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: *Ben R Mayne* *4/27/08 941-9223391*