

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36056

FILED
Apr 06, 2009
Secretary of State

Entity Name: EAGLES POINT COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

EAGLES POINT COMMUNITY
5490 EAGLES POINT CIR.
SARASOTA, FL 34231

New Principal Place of Business:

5490 EAGLES POINT CIR.
SARASOTA, FL 34231

Current Mailing Address:

CASEY MGMT.
4370 S TAMIAMI TRL., #102
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 65-0577759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY CONDOMINIUM MGMT.
4370 S TAMIAMI TRL.
SUITE 102
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BERKEY, JERE
Address: 5420 EAGLES PT. CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: SD () Delete
Name: FENTON, MARILYN
Address: 5412 EAGLES PT. CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: WENDELL, COLIN
Address: 5450 EAGLES PT. CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: STONE, JUDITH
Address: 5430 EAGLES P CIRCLE #103
City-St-Zip: SARASOTA, FL 34231

Title: PD () Delete
Name: MAYNE, BEN
Address: 5440 EAGLES POINT CIR., #203
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: OXARART, FRANK
Address: 5457 EAGLES POINT CIR.
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: NUSBAUM, JACK
Address: 5400 EAGLES POINT CIR. #205
City-St-Zip: SARASOTA, FL 34231

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN R. MAYNE

PD

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date