

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38194 (9)
1. Corporation Name
EAGLE POINTE PHASE I COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O DICKINSON MANAGEMENT INC
11691 GATEWAY BLVD #105
FT. MYERS FL 33913
US

3. Date Incorporated or Qualified **05/18/1990** 3a. Date of Last Report **08/14/1995**

2. Principal Place of Business **C/O LEE SIDE SERVICES**
21 **11930 FAIRWAY LAKES DR** 22 Suite, Apt. #, etc.
23 **FT. MYERS, FL** 24 **33913** 25 **U.S.A.**
26 **11930 FAIRWAY LAKES DR** 27 Suite, Apt. #, etc.
28 **FT. MYERS, FL** 29 **33913** 30 **U.S.A.**

4. FEI Number **65-0203374** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HOLLENBECK, ELANE
12841 EAGLE POINTE CIRCLE
FT MYERS FL 33913

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLEY, JAY	1.2 NAME	
STREET ADDRESS	12930 EAGLE POINTE CIR	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL 33913	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLENBECK, ELANE	2.2 NAME	
STREET ADDRESS	12841 EAGLE POINTE CIR	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL 33913	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, ADAM	3.2 NAME	
STREET ADDRESS	11900 FAIRWAYLAKES DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL 33913	3.4 CITY - ST - ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIFE, CHADE	4.2 NAME	
STREET ADDRESS	12221 EAGLE POINTE CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	4.4 CITY - ST - ZIP	
TITLE	DP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLENBECK, ELANE	5.2 NAME	
STREET ADDRESS	12841 EAGLE POINTE CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	5.4 CITY - ST - ZIP	
TITLE	STD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENLEAF, RICHARD	6.2 NAME	
STREET ADDRESS	12191 EAGLE POINTE CIRCLE	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	6.4 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elane Hollenbeck 4/26/96 941-561-2377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)