


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38194 (9)

1. Corporation Name
EAGLE POINTE PHASE I COMMUNITY ASSOCIATION, INC.



Principal Place of Business C/O LEE SIDE SERVICES 11930 FAIRWAY LAKES DR FT. MYERS FL 33913 US	Mailing Address C/O LEE SIDE SERVICES 11930 FAIRWAY LAKES DR FT. MYERS FL 33913-8337 US
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3. Date Incorporated or Qualified 05/18/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0203374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 11922 Fairway Lakes Dr Suite, Apt. #, etc.	2a. Mailing Address 26 11922 Fairway Lakes Dr Suite, Apt. #, etc.
22 City & State 23 FT. MYERS FL Zip Country 24 33913 25 USA	27 City & State 28 FT. MYERS FL Zip Country 29 33913 30 USA

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
Samuel E. Dockery

82 Street Address (P.O. Box Number is Not Acceptable)
11922 Fairway Lakes Dr

83

84 City
FT. MYERS

85 Zip Code
FL 33913

11. Pursuant to the provisions of Sections 617.0602 and 617.0503, 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: *Samuel E. Dockery* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	HOLLENBECK, ELANE	
STREET ADDRESS	12841 EAGLE POINTE CIR	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	DV	<input checked="" type="checkbox"/>
NAME	LIFE, CHADE	
STREET ADDRESS	12221 EAGLE POINTE CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	STD	<input type="checkbox"/>
NAME	GREENLEAF, RICHARD	
STREET ADDRESS	12191 EAGLE POINTE CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Richard Greenleaf		
1.3 STREET ADDRESS	12191 Eagle Pointe Cir		
1.4 CITY-ST-ZIP	FT. MYERS FL 33913		
2.1 TITLE	UD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	William Hackett		
2.3 STREET ADDRESS	12580 Eagle Pointe Cir		
2.4 CITY-ST-ZIP	FT. MYERS, FL 33913		
3.1 TITLE	STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	John Swords		
3.3 STREET ADDRESS	12861 Eagle Pointe Cir		
3.4 CITY-ST-ZIP	FT. MYERS, FL 33913		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Richard Greenleaf*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066718

CFR2037 (9/96)