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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90143 016 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38194

1. Corporation Name

EAGLE POINTE PHASE I COMMUNITY ASSOCIATION, INC.

481903-90143-16



Principal Place of Business

11922 FAIRWAY LAKES DR.
FT. MYERS FL 33913
US

Mailing Address

11922 FAIRWAY LAKE DR.
FT. MYERS FL 33913
US

2. Principal Place of Business

21 1930 Fairway Lakes Dr

Suite, Apt. #, etc.

22 Suite #2

City & State

23 Fort Myers Florida

Zip

24 33913

Country

25 USA

2a. Mailing Address

26 11930 Fairway Lakes Dr

Suite, Apt. #, etc.

27 Suite #2

City & State

28 Fort Myers, Florida

Zip

29 33913

Country

30 USA

3. Date Incorporated or Qualified

05/18/1990

4. FEI Number

65-0203374

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

DOCKERY, SAMUEL E
11922 FAIRWAY LAKES DR.
FT. MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name

DOCKERY, SAMUEL E.

82 Street Address (P.O. Box Number is Not Acceptable)

11930 Fairway Lakes Dr.

83 Suite #2

84 City

Fort Myers

FL

85 Zip Code

33913

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 *Samuel E. Dockery*
Signature, typed or printed name of registered agent and title if applicable.

Samuel E. Dockery

4-26-99
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREENLEAF, RICHARD	
STREET ADDRESS	12191 EAGLE POINTE CIR	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HACKETT, WILLIAM	
STREET ADDRESS	12580 EAGLE POINTE CIR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SWORDS, JOHN	
STREET ADDRESS	12861 EAGLE POINTE CIR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	CLIBURN, CINDY
2.4 CITY-ST-ZIP	12831 Eagle Pointe Cr Fort Myers, Florida 33913
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD
3.3 STREET ADDRESS	GOLDSMITH, LEON
3.4 CITY-ST-ZIP	12941 Eagle Pointe Cr Fort Myers, Florida 33913
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Richard Greenleaf* RICHARD GREENLEAF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-26-99
Date
941-561-1469
Daytime Phone #

CR2E037 (11/98)