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FILED
Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000005248 (7)

1. Corporation Name

EAGLES POINT AT THE LANDINGS III CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

Mailing Address

5440 EAGLES POINT CIRCLE
SARASOTA FL 34231

5440 EAGLES POINT CIRCLE
SARASOTA FL 34231-9144

3. Date Incorporated or Qualified
10/14/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26 2055 WOOD STREET

650 586 949

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27 # 202

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28 SARASOTA, FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

24

Zip

Country

Zip

Country

25

29 34237

30

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, JAMES N
BARNETT TOWER, ONE PROGRESS PLAZA
SUITE 1210
ST. PETERSBURG FL 33701

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME DENNIS, JAMES L
STREET ADDRESS 4990 SOUTH TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34231

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME BRAAM, JOHN
STREET ADDRESS 4990 SOUTH TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34231

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD DELETE
NAME BRAAM-HOWES, EVE
STREET ADDRESS 4990 SOUTH TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34231

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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:

Eve Braam-Howes EVE BRAAM-HOWES

Date

12/31/96

Daytime Phone #

(941) 925-2299

CR2E037 (9/96)