


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005248 (7)
 1. Corporation Name
EAGLES POINT AT THE LANDINGS III CONDOMINIUM ASSOCIATION, INC



Principal Place of Business 5440 EAGLES POINT CIRCLE SARASOTA FL 34231	Mailing Address 2055 WOOD ST 202 SARASOTA FL 34237 US
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3. Date Incorporated or Qualified 10/14/1996	Applied For Not Applicable
4. FEI Number 65-0709668	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS, JAMES L	1.2 NAME	Schwartz, Alan
STREET ADDRESS	4990 SOUTH TAMiami TRAIL	1.3 STREET ADDRESS	5440 South Tamiami Trail #202
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAAM, JOHN	2.2 NAME	Mayne, Benjamin
STREET ADDRESS	4990 SOUTH TAMiami TRAIL	2.3 STREET ADDRESS	5440 Eagles Point Circle #203
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAAM-HOWES, EVE	3.2 NAME	Howes, Eve
STREET ADDRESS	4990 SOUTH TAMiami TRAIL	3.3 STREET ADDRESS	4990 South Tamiami Trail
CITY-ST-ZIP	SARASOTA FL 34231	3.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: S B Howes **4.6.98**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0065464**

CR2E037 (10/97)