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NONPROFIT CORPORATION ANNUAL REPORT 1999

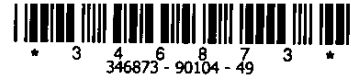


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005248

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

65-0709668

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

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
Property & Accounting Mgmt Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
2055 Wood St., Suite 202

83

84 City Sarasota FL 85 Zip Code 34237

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)

4/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
NAME SCHWARTZ, ALAN
STREET ADDRESS 5440 S TAMiami TRl, #202
CITY-ST-ZIP SARASOTA FL 34231

TITLE VD DELETE
NAME MAYNE, BENJAMIN
STREET ADDRESS 5440 EAGLES POINT CIR, #203
CITY-ST-ZIP SARASOTA FL 34231

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE V/D Change Addition
2.2 NAME Nevin, John
2.3 STREET ADDRESS 5440 Eagles Point Circle #201
2.4 CITY-ST-ZIP Sarasota, FL 34231

3.1 TITLE S/T Change Addition
3.2 NAME Mayne, Benjamin
3.3 STREET ADDRESS 5440 Eagles Point Circle #203
3.4 CITY-ST-ZIP Sarasota, FL 34231

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

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

6.1 TITLE Change 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:

BEN MAYNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0067865

CR2E037 (1/98)