

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005248

1. Entity Name

EAGLES POINT AT THE LANDINGS III CONDOMINIUM ASS

Principal Place of Business

**5440 EAGLES POINT CIRCLE
SARASOTA FL 34231**

Mailing Address

~~2055 WOOD ST
202
SARASOTA FL 34237-7929
US~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DELCOR MANAGEMENT, INC.

City & State

**310 PEARL AVENUE
SARASOTA FL 34243**

Zip

Country

Zip

Country

4. FEI Number

65-0709668

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PROPERTY & ACCOUNTING MGMT, INC.
2055 WOOD ST
STE 202
SARASOTA FL 34237~~

Name

DELCOR MANAGEMENT, INC.

Street Address (P.O. Box Number if applicable)

**310 PEARL AVENUE
SARASOTA FL 34243**

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Alan Howes **ALAN HOWES**

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

(NOTE: Registered Agent signature required when reinstating)

4/23/00

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, ALAN	
STREET ADDRESS	5440 S TAMiami TRl, #202	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAYNE, BENJAMIN	
STREET ADDRESS	5440 EAGLES POINT CIR, #203	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NEVIN, JOHN	
STREET ADDRESS	5440 EAGLES POINT CIRCLE #201	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MAYNE, BENJAMIN	
STREET ADDRESS	5440 EAGLES POINT CIRCLE #203	
CITY-ST-ZIP	SARASOTA FL 34231	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BENJAMIN MAYNE **BENJAMIN MAYNE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/00

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90087 009 ****61.25

CR2E037 (9/99)