

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90034 014 ****61.25

DOCUMENT # N96000005248

1. Entity Name

EAGLES POINT AT THE LANDINGS III CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

**5440 EAGLES POINT CIRCLE
 SARASOTA FL 34231**

**DELLCOR MANAGEMENT INC
 310 PEARL AVE
 SARASOTA FL 34243
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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.
 DELCOR MANAGEMENT INC
 310 PEARL AVE
 SARASOTA FL 34243**

Name

DellCor Management

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

310 Pearl Ave

City

Sarasota

FL

Zip Code

34243

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

X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X

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	BORAX, SIGMUND	
STREET ADDRESS	5440 EAGLES POINT CIRCLE	
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	D	<input type="checkbox"/> Delete
NAME	PETERS, RICHARD	
STREET ADDRESS	5440 EAGLES POINT CIRCLE #201	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HOWES, ALAN	
STREET ADDRESS	5457 EAGLES POINT CIRCLE	
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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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: **X [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 01/08/02 **X 941-358-3364**

Date

Daytime Phone #

CR2E037 (9/01)