
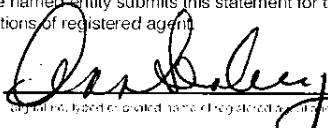
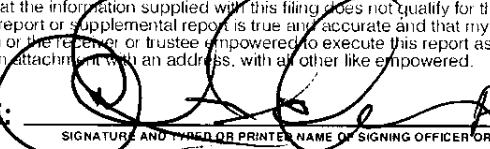


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90200 037 \*\*\*\*61.25

<b>DOCUMENT # N96000005248</b>					
1. Entity Name <b>EAGLES POINT AT THE LANDINGS III CONDOMINIUM ASSOCIATION, INC</b>					
Principal Place of Business 5440 EAGLES POINT CIRCLE SARASOTA, FL 34231		Mailing Address DELLCOR MANAGEMENT INC 310 PEARL AVE SARASOTA, FL 34243 US			
2. Principal Place of Business <b>Eagles Point III</b> Suite, Apt. #, etc. 5440 Eagles Point Cir.		3. Mailing Address <b>Casey Management</b> Suite, Apt. #, etc. 4370 S Tamiami Tr #156		04142004 Chg-NP CR2E037 (10/03)	
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>		4. FEI Number 65-0709668	
Zip 34231		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DELLCOR MGMT 310 PEARL AVE SARASOTA, FL 34243</b>			7. Name and Address of New Registered Agent Name <b>Casey Condominium Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>4370 S. Tamiami Trail #156</b> City <b>Sarasota FL</b> Zip Code <b>34231</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		ANN SEABURG, LCAM		4-23-04	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD BORAX, SIGMUND 5440 EAGLES POINT CIRCLE SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	VD MAYNE, BENJAMIN 5440 EAGLES POINT CIR, #203 SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VD Perrot, Paul 5440 Eagles Point Cir. #305 Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D PETERS, RICHARD 5440 EAGLES POINT CIRCLE #201 SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	STD Schwartz, Alan 5440 Eagles Point Cir. #202 Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	AS HOWES, ALAN 5457 EAGLES POINT CIRCLE SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		ALAN SCHWARTZ		4-26-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SECRETARY/TREASURER		DATE	