

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N38194** (9)  
1. Corporation Name  
**EAGLE POINTE PHASE I COMMUNITY ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**C/O DICKINSON MANAGEMENT INC**  
**11691 GATEWAY BLVD #105**  
**FT. MYERS FL 33913**  
**US**

3. Date Incorporated or Qualified **05/18/1990** 3a. Date of Last Report **08/14/1995**

2. Principal Place of Business **C/O LEE SIDE SERVICES**  
21 **11930 FAIRWAY LAKES DR** 2a. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**11930 FAIRWAY LAKES DR**

4. FEI Number **65-0203374** Applied For  
Not Applicable

22 City & State **FT. MYERS, FL** 27 City & State **FT. MYERS, FL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip **33913** Country **U.S.A.** 28 Zip **33913** Country **U.S.A.**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

24 **33913** 25 **U.S.A.** 29 **33913** 30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLLENBECK, ELANE**  
**12841 EAGLE POINTE CIRCLE**  
**FT. MYERS FL 33913**

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE **P** ☒ DELETE  
NAME **BUCKLEY, JAY**  
STREET ADDRESS **12930 EAGLE POINTE CIR**  
CITY - ST - ZIP **FORT MYERS FL 33913**  
TITLE **V** ☐ DELETE  
NAME **HOLLENBECK, ELANE**  
STREET ADDRESS **12841 EAGLE POINTE CIR**  
CITY - ST - ZIP **FORT MYERS FL 33913**  
TITLE **ST** ☒ DELETE  
NAME **OWEN, ADAM**  
STREET ADDRESS **11900 FAIRWAYLAKES DR**  
CITY - ST - ZIP **FORT MYERS FL 33913**  
TITLE **DV** ☐ DELETE  
NAME **LIFE, CHADE**  
STREET ADDRESS **12221 EAGLE POINTE CIRCLE**  
CITY - ST - ZIP **FT. MYERS FL**  
TITLE **DP** ☒ DELETE  
NAME **HOLLENBECK, ELANE**  
STREET ADDRESS **12841 EAGLE POINTE CIRCLE**  
CITY - ST - ZIP **FT. MYERS FL**  
TITLE **STD** ☐ DELETE  
NAME **GREENLEAF, RICHARD**  
STREET ADDRESS **12191 EAGLE POINTE CIRCLE**  
CITY - ST - ZIP **FT. MYERS FL**

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 **P D** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE **500001864445** ☐ Change ☐ Addition  
5.2 NAME **-06/18/96--01009--029**  
5.3 STREET ADDRESS **\*\*\*61.25**  
5.4 CITY - ST - ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Elane Hollenbeck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 941-561-2377

Date

Daytime Phone #

CR2E037 (12/95)