

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38194** (9)  
1. Corporation Name  
**EAGLE POINTE PHASE I COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>C/O LEE SIDE SERVICES 11930 FAIRWAY LAKES DR FT. MYERS FL 33913 US</b>	Mailing Address <b>C/O LEE SIDE SERVICES 11930 FAIRWAY LAKES DR FT. MYERS FL 33913-8337 US</b>
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3. Date Incorporated or Qualified <b>05/18/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0203374</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 11922 Fairway Lakes Dr</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 11922 Fairway Lakes Dr</b> Suite, Apt. #, etc.
22 City & State <b>23 FT. MYERS FL</b>	27 City & State <b>28 FT. MYERS FL</b>
24 Zip <b>33913</b> 25 Country <b>USA</b>	29 Zip <b>33913</b> 30 Country <b>USA</b>

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 <b>Samuel E. Dockery</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>11922 Fairway Lakes Dr</b>
83
84 City <b>FT. MYERS</b> 85 Zip Code <b>FL 33913</b>

11. Pursuant to the provisions of Sections 617.0602 and 617.0503, 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 *Samuel E. Dockery*  
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOLLENBECK, ELANE</b>	
STREET ADDRESS	<b>12841 EAGLE POINTE CIR</b>	
CITY - ST - ZIP	<b>FORT MYERS FL 33913</b>	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	<b>LIFE, CHADE</b>	
STREET ADDRESS	<b>12221 EAGLE POINTE CIRCLE</b>	
CITY - ST - ZIP	<b>FT. MYERS FL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>GREENLEAF, RICHARD</b>	
STREET ADDRESS	<b>12191 EAGLE POINTE CIRCLE</b>	
CITY - ST - ZIP	<b>FT. MYERS FL</b>	
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"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Richard Greenleaf</b>	
1.3 STREET ADDRESS	<b>12191 Eagle Pointe Cir</b>	
1.4 CITY - ST - ZIP	<b>FT. MYERS FL 33913</b>	
2.1 TITLE	UD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>William Hackett</b>	
2.3 STREET ADDRESS	<b>12580 Eagle Pointe Cir</b>	
2.4 CITY - ST - ZIP	<b>FT. MYERS FL 33913</b>	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>John Swords</b>	
3.3 STREET ADDRESS	<b>12861 Eagle Pointe Cir</b>	
3.4 CITY - ST - ZIP	<b>FT. MYERS FL 33913</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Richard Greenleaf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0066718**

CR2E037 (9/96)