

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36056

1. Entity Name

EAGLES POINT COMMUNITY ASSOCIATION, INC.

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

04-26-2000 90087 008 ****61.25

Principal Place of Business

4990 S TAMiami TRAIL
SARASOTA FL 34231

Mailing Address

2055 WOOD ST
SUITE 202
SARASOTA FL 34237-7929
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DELLCOR MANAGEMENT, INC.

City & State

310 PEARL AVENUE
SARASOTA FL 34243

4. FEI Number

65-0577759

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address

DELLCOR MANAGEMENT, INC.

310 PEARL AVENUE

City

SARASOTA FL 34243

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)

4/22/00

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

TITLE **D** ☐ Delete
NAME **HOWES, EVE**
STREET ADDRESS **5440 EAGLES POINT CIRCLE #104**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **PD** ☐ Delete
NAME **MAYNE, BEN**
STREET ADDRESS **5440 EAGLES POINT CIRCLE #203**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VD** ☐ Delete
NAME **NUSBAUM, CARL**
STREET ADDRESS **5400 EAGLES POINT CIRCLE #405**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *BEN MAYNE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00

CR2E037 (9/99)