

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90332 038 ****61.25

DOCUMENT # N38194

1. Entity Name

EAGLE POINTE PHASE I COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

24201 WALDEN CENTER DR. #206
 BONITA SPRINGS FL 34134
 US

24201 WALDEN CENTER DR. #206
 BONITA SPRINGS FL 34134
 US

2. Principal Place of Business

C/O Schoo Management, Inc.
 Suite, Apt. #, etc.

9411 Cypress Lake Dr., #2

Fort Myers Florida

33919 *USA*

3. Mailing Address

C/O Schoo Management, Inc.
 Suite, Apt. #, etc.

9411 Cypress Lake Dr., #2

Fort Myers Florida

33919 *USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0203374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~HAYDEN, KENNETH W~~
 24201 WALDEN CENTER DR. #206
 BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Leslie Johnson
 Street Address (P.O. Box Number is Not Acceptable)
C/O Schoo Management, Inc.
9411 Cypress Lake Drive, Suite 2
 City *Fort Myers* State *FL* Zip Code *33919*

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

Leslie Johnson

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **SIEWEK, ED III**
 CITY-ST-ZIP **12770 EAGLE POINTE CIRCLE**
FORT MYERS FL 33913

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

TITLE ☒ Delete
 NAME **DV**
 STREET ADDRESS **MILLER, ANDREW W**
 CITY-ST-ZIP **12951 EAGLE POINTE CIRCLE**
FT. MYERS FL 33913

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **GOLDSMITH, LEON**
 CITY-ST-ZIP **12941 EAGLE POINTE CIRCLE**
FT. MYERS FL 33913

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **POLI, KENT**
 CITY-ST-ZIP **12310 EAGLE POINTE CIRCLE**
FT MYERS FL 33913

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ed Siewek

4-30-02

Date

768-6867

Daytime Phone #

CR2E037 (9/01)