2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90201 025 ****61.25

DOCUMENT # N98000001604

1. Entity Name
EAGLES POINT AT THE LANDINGS IV CONDOMINIUM ASSOCIATION, INC.

24071035

Principal Place of Business	Mailing Address
5450 EAGLES POINT CIRCLE SARASOTA, FL 34231	310 PEARL AVENUE SARASOTA, FL 34243

04142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Eagles Point IV	Casey Management
Suite, Apt. #, etc. 4540 Eagles Point Cir.	Suite, Apt. #, etc. 4370 S Tamiami Tr #156
City & State Sarasota, FL	City & State Sarasota, FL
Zip: 32431 Country: USA	Zip: 34231 Country: USA

4. FEI Number: 65-0854744 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWES, ALAN C/O DELLCOR MANAGEMENT 310 PEARL AVE. SARASOTA, FL 34243	Name: Casey Condominium Management Street Address (P.O. Box Number is Not Acceptable): 4370 S. Tamiami Trail #156 City: Sarasota FL Zip Code: 34231

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 ANN SEABURG, LCAM 4-23-04
Signature, typed or printed name of registered agent and, if applicable, title of officer (this is the registered agent signature required when changing) Date

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WENDELL, COLIN 5450 EAGLES POINT CIRCLE SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Wendell, Colin 5450 Eagles Point Circle #202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRIPPS, DAVID 5450 EAGLES POINT CIRCLE SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Cripps, David 5450 Eagles Point Circle #201	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD HOWES, ALAN 5457 EAGLES PT CIR SARASOTA, FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBBINS, CAROL 5450 EAGLES PT CIR SARASOTA, FL 34221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Robbins, Carol 5450 Eagles point Circle #403	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINDOM, ROBERT 5450 EAGLES PT CIR SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Windom, Robert 5450 Eagles Point Circle #403	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIMPTECH, KLAUS 5450 EAGLES PT CIR SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VD Nimptech, Klaus 5450 Eagles Point Circle #103	☒ Change ☐ 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: Robert Windom ROBERT WINDOM VICE PRESIDENT 4-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title if applicable Date