2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2007 8:00 am
Secretary of State
05-15-2007 90009 005 ****61.25

DOCUMENT # N98000001604

1. Entity Name

EAGLES POINT AT THE LANDINGS IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
EAGLES POINT IV 4540 EAGLES POINT CIR. SARASOTA FL 34231 US	CASEY MANAGEMENT 4370 S TAMIAMI TR ~~#150~~ SARASOTA FL 34231 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. #102
City & State	City & State
Zip / Country	Zip / Country

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
CASEY CONDOMINIUM MANAGEMENT 4370 S. TAMIAMI TRAIL ~~#150~~ SARASOTA FL 34231	Name Street Address (P.O. Box Number is Not Acceptable) #102 City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 #302 SARASOTA FL 34231	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRIPPS, DAVID 5450 EAGLES POINT CIRCLE #201 SARASOTA FL 34231	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEBER, TERESA 5450 EAGLES POINT CIRCLE #101 SARASOTA FL 34221	☐ Delete	SD, TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WINDOM, ROBERT 5450 EAGLES POINT CIRCLE #403 SARASOTA FL 34231	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NIMPTECH, KLAUS 5450 EAGLES POINT CIRCLE #103 SARASOTA FL 34231	☐ Delete	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ DR. ROBERT WINDOM 4/30/07 927-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #