

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90121 031 ****61.25

DOCUMENT # N38194 1. Entity Name EAGLE POINTE PHASE I COMMUNITY ASSOCIATION, INC.					
Principal Place of Business C/O TRPICAL ISLES MGMT 12734 KENWOOD LANE STE 49 FORT MYERS, FL 33907 US			Mailing Address C/O TRPICAL ISLES MGMT 12734 KENWOOD LANE STE 49 FORT MYERS, FL 33907 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROEDDING, JEANNE CAM C/O TROPICAL ISLES MGMT 12734 KENWOOD LANE STE 49 FORT MYERS, FL 33907				Name Shields Christopher J Street Address (P.O. Box Number is Not Acceptable) 1833 Hendry St City Ft. Myers FL Zip Code 33912	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALEY, PATRICK		NAME		
STREET ADDRESS	12701 EAGLE POINT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTTON, KENDRA		NAME		
STREET ADDRESS	12450 EAGLE POINTE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33913		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIDES, JULIO		NAME		
STREET ADDRESS	12421 EAGLE PT CIR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	ASM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROEDDING, JEANNE		NAME		
STREET ADDRESS	12734 KENWOOD LANE S 49		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Jeanne Roeding 4/22/08 (239) 339-2990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					