

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36056

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC7231841182**

**Entity Name:** EAGLES POINT COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

5490 EAGLES POINT CIR.  
SARASOTA, FL 34231

**Current Mailing Address:**

CASEY MGMT.  
4370 S TAMIAMI TRL., #102  
SARASOTA, FL 34231 US

**FEI Number:** 65-0577759

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CASEY CONDOMINIUM MGMT.  
4370 S TAMIAMI TRL.  
SUITE 102  
SARASOTA, FL 34231 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name RADMAN, DAN  
Address 4370 S. TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34231

Title SD  
Name FENTON, MARILYN  
Address 4370 S. TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34231

Title D  
Name MAGGARD, KARL  
Address 4370 S. TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34231

Title PRESIDENT  
Name BLACK, TERRY  
Address 4370 S. TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34231

Title AS  
Name SPENCE, BRIDGET  
Address 4370 SOUTH TAMIAMI TRAIL #102  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name WINDOM, ROBERT  
Address 4370 S. TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name MAYNE, BEN  
Address CASEY MGMT.  
4370 S TAMIAMI TRL., #102  
City-State-Zip: SARASOTA FL 34231

Title TREASURER  
Name DONALDSON, BILL  
Address CASEY MGMT.  
4370 S TAMIAMI TRL., #102  
City-State-Zip: SARASOTA FL 34231

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIDGET SPENCE

**VICE PRESIDENT**

**04/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date