

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38194

Entity Name: EAGLE POINTE PHASE I COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O TROPICAL ISLES MGMT
12734 KENWOOD LANE STE 49
FORT MYERS, FL 33907

Current Mailing Address:

C/O TROPICAL ISLES MGMT
12734 KENWOOD LANE STE 49
FORT MYERS, FL 33907 US

FEI Number: 65-0203374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER
1833 HENDRY ST.
FORT MYERS, FL 33912 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 P
Name SUTTON, KENDRA
Address 12734 KENWOOD LANE #49
City-State-Zip: FT. MYERS FL 33907

Title VP, SECRETARY
Name KILLIPS, SCOTT
Address 12734 KENWOOD LANE
SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title TREASURER
Name CARTER, DAVE
Address 12734 KENWOOD LANE, SUITE 49
City-State-Zip: FORT MYERS FL 33907

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: KENDRA SUTTON

PRESIDENT

03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date