

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N38194

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

**Current Principal Place of Business:**

C/O COMPASS ROSE MANAGEMENT  
1010 NE 9TH STREET  
CAPE CORAL, FL 33909

**Current Mailing Address:**

C/O COMPASS ROSE MANAGEMENT  
1010 NE 9TH STREET  
CAPE CORAL, FL 33909 US

**FEI Number:** 65-0203374

**Certificate of Status Desired:** No

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

COMPASS ROSE MANAGEMENT  
C/O COMPASS ROSE MANAGEMENT  
1010 NE 9TH STREET  
CAPE CORAL, FL 33909 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:** ED MOORE

07/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MOORE, ED  
Address        C/O COMPASS ROSE MANAGEMENT  
                  1010 NE 9TH STREET  
City-State-Zip: CAPE CORAL FL 33909

Title            VP  
Name            COOK, KEVIN  
Address        C/O COMPASS ROSE MANAGEMENT  
                  1010 NE 9TH STREET  
City-State-Zip: CAPE CORAL FL 33909

Title            SECRETARY, TREASURER  
Name            BARNHARDT, DIANA  
Address        C/O COMPASS ROSE MANAGEMENT  
                  1010 NE 9TH STREET  
City-State-Zip: CAPE CORAL FL 33909

*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:** ED MOORE

PRESIDENT

07/26/2023

Electronic Signature of Signing Officer/Director Detail

Date