

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

DOCUMENT# N38194

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

**FILED**  
**Mar 27, 2014**  
**Secretary of State**  
**CC0536816427**

**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           VP  
Name           HALEY, PATRICK  
Address        12734 KENWOOD LANE #49  
City-State-Zip: FORT MYERS FL 33907

Title           P  
Name           SUTTON, KENDRA  
Address        12734 KENWOOD LANE #49  
City-State-Zip: FT. MYERS FL 33907

Title           S/T  
Name           CARTER, DAVID  
Address        12734 KENWOOD LANE #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**

**03/27/2014**

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

\_\_\_\_\_  
Date