


**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

<h1 style="margin: 0;">DOCUMENT # 762252</h1>			
<b>1. Entity Name</b> ELOISE POINTE ESTATES HOMEOWNERS ASSOCIATION, INC.			
<b>Principal Place of Business</b> 2400 BERKSHIRE DR. WINTER HAVEN, FL 33884    US		<b>Mailing Address</b> 2400 BERKSHIRE DR. WINTER HAVEN, FL 33884    US	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
SAXON, DICK 2531 PARTRIDGE DR WINTER HAVEN, FL 34741			Name
			Street Address
			City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or for changing the obligations of registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>NAME</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>
<b>STREET ADDRESS</b>	PD HAYNES, CLARK		<b>NAME</b>
<b>CITY-ST-ZIP</b>	2569 PARTRIDGE DR WINTER HAVEN, FL 33884		<b>STREET ADDRESS</b>
<b>TITLE</b>	TD ROGERS, DAVID	<input type="checkbox"/> Delete	<b>TITLE</b>
<b>STREET ADDRESS</b>	2573 PARTRIDGE DR		<b>NAME</b>
<b>CITY-ST-ZIP</b>	WINTER HAVEN, FL 33884		<b>STREET ADDRESS</b>
<b>TITLE</b>	SD BERNDT, JOHN	<input type="checkbox"/> Delete	<b>TITLE</b>
<b>STREET ADDRESS</b>	2514 PARTRIDGE DR		<b>NAME</b>
<b>CITY-ST-ZIP</b>	WINTER HAVEN, FL 33884		<b>STREET ADDRESS</b>
<b>TITLE</b>	<del>TD</del> CHARES BA	<input type="checkbox"/> Delete	<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>	<del>VPD</del> DUKE BU	<input type="checkbox"/> Delete	<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>
<b>STREET ADDRESS</b>			<b>NAME</b>
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 61, F.S., and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61, F.S., changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

[illegible]

03052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2865335	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, CLARK	
STREET ADDRESS	2569 PARTRIDGE DR	
CITY - ST - ZIP	WINTER HAVEN, FL 33884	

TITLE	TD	<input type="checkbox"/> Delete
NAME	ROGERS, DAVID	
STREET ADDRESS	2573 PARTRIDGE DR	
CITY - ST - ZIP	WINTER HAVEN, FL 33884	

TITLE	SD	<input type="checkbox"/> Delete
NAME	BERNÖT, JOHN	
STREET ADDRESS	2514 PARTRIDGE DR	
CITY - ST - ZIP	WINTER HAVEN, FL 33884	

TITLE	<del>ID</del>	<input type="checkbox"/> Delete
NAME	<del>CHRIS BA</del>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<del>VPD</del>	<input type="checkbox"/> Delete
NAME	<del>DUKE BU</del>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROGERS, DAVID		
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHRIS BARRANCO		
STREET ADDRESS	2564 PARTIDOE DR		
CITY-ST-ZIP	WINTER HAVEN FL 33884		

TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUKE BURR		
STREET ADDRESS	2529 PARTWIDGE DR		
CITY-ST-ZIP	WINTER HAVEN FL 33984		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #