2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 29, 2002 8:00 am Secretary of State DOCUMENT # NO100004820 04-28-2002 90788 013 ****61.25 1. Entity Name EATON POINTE COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address 32193 545 CLARK STREET 545 CLARK STREET **EATONVILLE FL 32751 EATONVILLE FL 32751** 3. Mailing Address 310 CLARK 2. Principal Place of Business 310 CLARK ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 52-2352296 97UNUSI Not Applicable EATI)A \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 3215 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Box Number is Not Acceptable) NASH, EVELYN 545 CLARK STREET **EATONVILLE FL 32751** 8. 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. nt signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 900 ☐ Addition Delate TITLE TITLE NAME NASH, EVELYN NAME STREET ADDRESS STREET ADDRESS 545 CLARK STREET CITY-ST-ZIP CITY-ST-ZIP EATONVILLE FL 32751 Change Addition Delete TITLE RANDOLPH, MAMIE NAME 310 CLARK ST STREET ADDRESS STREET ADDRESS 310 CLARK STREET SATONVILLE, Pl. 3215, CITY-ST-7IP CITY-ST-ZIP **EATONVILLE FL 32751** Addition Change TITLE SD----☐ Delete NAME JONES, BEULAH NAME STREET ADDRESS STREET ADDRESS **6 EATON STREET** CITY-ST-ZIP CITY-ST-ZIP EATONVILLE FL 32751 ☐ Change ☐ Addition ☐ Delete TITLE TITLE m NAME COLE, EDDIE NAME STREET ADDRESS STREET ADDRESS **545 EATON STREET** CITY-ST-ZIP CITY-ST-ZIP EATONVILLE FL 32751 Addition Delete ☐ Change TITLE TITLE NAME MADISON, EARL NAME STREET ADDRESS STREET ADDRESS **521 EATON STREET** CITY-ST-ZIP CITY-ST-ZIF EATONVILLE FL 32751 Delete ☐ Change Addition 1 TITLE TITLE NAME GRANT, LISA NAME STREET ADDRESS STREET ADDRESS 532 EATON STREET -CITY=ST-ZIP-EATONVILLE-FL-32751 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

12/02