

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91388 049 *****61.25

0011827

DOCUMENT # NO1000004820

1. Entity Name

EATON POINTE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**310 CLARK STREET
EATONVILLE FL 32751**

Mailing Address

**310 CLARK STREET
EATONVILLE FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2352296**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RANDOLPH, MAMIE
310 CLARK STREET
EATONVILLE FL 32751**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 type="checkbox"/> Delete
NAME	RANDOLPH, MAMIE	
STREET ADDRESS	310 CLARK STREET	
CITY-ST-ZIP	EATONVILLE FL 32751	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, BEULAH	
STREET ADDRESS	6 EATON STREET	
CITY-ST-ZIP	EATONVILLE FL 32751	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLE, EDDIE	
STREET ADDRESS	545 EATON STREET	
CITY-ST-ZIP	EATONVILLE FL 32751	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RANDOLPH, ROBERT	
STREET ADDRESS	310 CLARK ST	
CITY-ST-ZIP	EATONVILLE FL 32751	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GORDON, ABRAHAM	
STREET ADDRESS	37 BEL AIR	
CITY-ST-ZIP	EATONVILLE FL 32751	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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.

SIGNATURE:

MAMIE RANDOLPH

4/29/23

407-647-7775

CR2E037 (10/02)