

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002684

FILED
Apr 28, 2009
Secretary of State

Entity Name: EAGLE POINT NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2488 SW 33RD CIRCLE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

2488 SW 33RD CIRCLE
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHMIDT, CRISTIE
2488 SW 33RD CIRCLE
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHMIDT, CRISTIE
Address: 2488 SW 33RD CIRCLE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VT () Delete
Name: CALDWELL, DEBI
Address: 2435 SW 33RD CIRCLE
City-St-Zip: OKEECHOBEE, FL 34974

Title: S () Delete
Name: COBB, BRANDE
Address: 2429 SW 33RD CIRCLE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: SCHWARTZ, JOHN R
Address: 2465 SW 33RD CIRCLE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: TURLINGTON, JOHN M
Address: 2469 SW 33RD CIRCLE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: FALCO, VALERIE
Address: 13801 HWY. 441 SE #216
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CALDWELL, DEBI
Address: 2435 SW 33RD CIRCLE
City-St-Zip: OKEECHOBEE, FL 34974

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CALDWELL, GREG
Address: 2435 SW 33RD CIRCLE
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBI CALDWELL

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date