## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005283

FILED Sep 06, 2006 Secretary of State

Entity Name: EAGLE POINTE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1702 S. WASHINGTON AVE. TITUSVILLE, FL 32780 **Current Mailing Address: New Mailing Address:** 1702 S. WASHINGTON AVE. TITUSVILLE, FL 32780 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EVANS, JOHN H 1702 S. WASHINGTON AVE. TITUSVILLE, FL 32780 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PVST** () Delete (X) Change ( ) Addition HOLLOWAY, B.S. Name: CASTE, FELIX D Name: Address: 3885 SOUTH ST. Address: 300 WEYMAN PLAZA, SUITE 210 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: PITTSBURGH, PA 15236 Title: () Delete Title: (X) Change ( ) Addition GREGORY, GAIL Name: Name: KAMIN, JONATHAN M Address: 115 S. LEMON AVE. Address: 1806 FRICK BUILDING, 437 GRANT STREET City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip: PITTSBURGH, PA 15219

Title: () Delete COLEMAN, MIKE Name: Address:

4512 BEN HOGAN WAY City-St-Zip: TITUSVILLE, FL 32796

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHAN M. KAMIN D 09/06/2006