

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2007 8:00 am
Secretary of State

03-20-2007 90018 038 ****61.25

DOCUMENT # N05000005283 1. Entity Name EAGLE POINTE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1702 S. WASHINGTON AVE. TITUSVILLE, FL 32780		Mailing Address 1702 S. WASHINGTON AVE. TITUSVILLE, FL 32780	
2. Principal Place of Business, No P.O. Box # 3815 US 1, Suite 49 Suite, Apt. #, etc.		3. Mailing Address 3815 US 1, Suite 49 Suite, Apt. #, etc.	
City & State Cocoa, FL Zip 32926		City & State Cocoa, FL Zip 32926	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS, JOHN H 1702 S. WASHINGTON AVE. TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name GINGER D. MEYER Street Address (P.O. Box Number is Not Acceptable) 3815 US 1, Suite 49 City Cocoa FL Zip Code 32926	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE GINGER D. MEYER FELIX D. CASTE, President <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered agent signature required when re-registering)</small> </div> <div style="width: 20%; text-align: right;"> 3/12/2007 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Vice president <input type="checkbox"/> Delete CASTE, FELIX D 300 WEYMAN PLAZA, SUITE 210 PITTSBURGH, PA 15236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D treasurer <input type="checkbox"/> Delete KAMIN, JONATHAN M 1806 FRICK BUILDING, 437 GRANT STREET PITTSBURGH, PA 15219	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete COLEMAN, MIKE 4512 BEN HOGAN WAY TITUSVILLE, FL 32796	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEYER, GINGER D. President <input type="checkbox"/> Delete 3815 U.S. 1, Suite 49 Cocoa, FL 32926	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Director <input type="checkbox"/> Delete COLEMAN, MIKE 4512 BEN HOGAN WAY TITUSVILLE, FL 32796	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date March 12, 2007 412889530	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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