

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # N05000005283

1. Entity Name
EAGLE POINTE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**3815 US 1 SUITE 49
 COCOA, FL 32926**

Mailing Address
**3815 US 1 SUITE 49
 COCOA, FL 32926**

DO NOT WRITE IN THIS SPACE



03202008 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEYER, GINGER D
 3815 US 1 SUITE 49
 COCOA, FL 32926**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000876012
 04/11/08-80055-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTE, FELIX D 300 WEYMAN PLAZA, SUITE 210 PITTSBURGH, PA 15236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAMIN, JONATHAN M 1806 FRICK BUILDING, 437 GRANT STREET PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, MIKE 4512 BEN HOGAN WAY TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, GINGER D 3815 US 1 SUITE 49 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Jonathan M. Kamin, Treasurer* **3-20-08** **412-281-1119**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #