


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 MAY -7 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

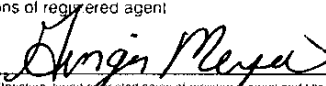


04242008 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEYER, GINGER D 3815 US 1 SUITE 49 COCOA, FL 32926		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:  DATE: 05/08/08

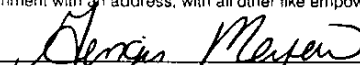
900123945669  
05/08/08--01014--017 \*\*26.25

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP CASTE, FELIX D 300 WEYMAN PLAZA, SUITE 210 PITTSBURGH, PA 15236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPP Caste, Felix D 300 Weyman Plaza, Suite 210 Pittsburgh, PA 15236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T KAMIN, JONATHAN M 1806 FRICK BUILDING, 437 GRANT STREET PITTSBURGH, PA 15219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD Kamin, Jonathan M 1806 Frick Building, 437 Grant Street Pittsburgh, PA 15219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COLEMAN, MIKE 4512 BEN HOGAN WAY TITUSVILLE, FL 32996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MEYER, GINGER D 3815 US 1 SUITE 49 COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD Meyer, Ginger D 3815 US 1 Suite 49 Cocoa FL 32926 <input checked="" 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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	900123945669 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/18/08--01016--009 **35.00

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: 5/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thews 5/8/08