

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005283

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

3815 US 1 SUITE 49
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

3815 US 1 SUITE 49
COCOA, FL 32926

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:

MEYER, GINGER D
3815 US 1 SUITE 49
COCOA, FL 32926 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: VP () Delete
Name: CASTE, FELIX D
Address: 300 WEYMAN PLAZA, SUITE 210
City-St-Zip: PITTSBURGH, PA 15236

Title: TD () Delete
Name: KAMIN, JONATHAN M
Address: 1806 FRICK BUILDING, 437 GRANT STREET
City-St-Zip: PITTSBURGH, PA 15219

Title: D () Delete
Name: COLEMAN, MIKE
Address: 4512 BEN HOGAN WAY
City-St-Zip: TITUSVILLE, FL 32796

Title: PD () Delete
Name: MEYER, GINGER D
Address: 3815 US 1 SUITE 49
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASTE, FELIX D
Address: 300 WEYMAN PLAZA, SUITE 210
City-St-Zip: PITTSBURGH, PA 15236

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

Title: VPD (X) Change () Addition
Name: COLEMAN, MIKE
Address: 4512 BEN HOGAN WAY
City-St-Zip: TITUSVILLE, FL 32796

Title: D (X) Change () Addition
Name: MEYER, GINGER D
Address: 3815 US 1 SUITE 49
City-St-Zip: COCOA, FL 32926

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: GINGER D MEYER

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date