FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 16 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13818 (2)

1. Corporation Name
SARASOTA EASTPOINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 7693~~ ~~SARASOTA FL 34278~~	~~P.O. BOX 7693~~ ~~SARASOTA FL 34278~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1986
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2750637 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 P.O. BOX 10271	Suite, Apt. #, etc. 27 P.O. BOX 10271
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~THOMPSON, STEPHEN~~
~~1205 MANATEE AVE. WEST~~
~~BRADENTON FL 34205~~

10. Name and Address of New Registered Agent

81 Name: Thompson, Stephen
82 Street Address (P.O. Box Number is Not Acceptable): 1205 Manatee Ave. West
83
84 City: Bradenton FL 85 Zip Code: 34205

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~GALVEZ, MILTO~~ ~~642 EASTPOINT PARKWAY~~ ~~SARASOTA FL~~	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Thomas, Kristie 5343 East Pointe Lane Sarasota, FL 34232	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~THOMAS, KRISTIE~~ ~~5343 EASTPOINTE PARKWAY~~ ~~SARASOTA FL~~	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP Howard, Denny 5383 Sara Pointe Drive Sarasota, FL 34232	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~DAVIS, ALAN~~ ~~690 EAST POINT PARKWAY~~ ~~SARASOTA FL~~	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Hutter, Maggie 671 East Pointe Court Sarasota FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Marti, Greg 5378 Sara Pointe Court Sarasota, FL 34232	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Whitehair, Robert 5348 Sara Pointe Drive Sarasota, FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kristie Thomas Kristie THomas President 3-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(Daytime Phone #) 813-371-5500

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