2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State
04-09-2004 90058 048 ****61.25

DOCUMENT # N13818

1. Entity Name

SARASOTA EASTPOINTE HOMEOWNERS ASSOCIATION, INC.

54029403

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
5766 BRONX AVE, STE A SARASOTA FL 34231 US	5766 BRONX AVE, STE A SARASOTA FL 34231 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2750637 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANAGEMENT CONCEPTS
5766 BRONX AVE
STE A
SARASOTA FL 34231

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD GLYDER, ROD 655 EASTPOINTE COURT SARASOTA FL 34232	☒ Delete	VD DEACON, WILLIAM 5359 SARAPOINTE DRIVE SARASOTA FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRODINAX, FRANK 640 EAST [POINT CT SARASOTA FL 34232	☐ Delete	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOWARD, DENNY 5333 SARAPOINT DR SARASOTA FL 34232	☒ Delete	SD BANKS, ANDREW 5386 SARAPOINTE DRIVE SARASOTA FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOSS, NORMA 670 EASTPOINTE PKWY SARASOTA FL 34232	☒ Delete	TD BARFIELD, JOHN 5338 EASTPOINTE LANE SARASOTA FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIGHT, CHARLES 635 EASTPOINTE PKWY SARASOTA FL 34232	☒ Delete	D LAPERRIERE, TY 5384 SARAPOINTE COURT SARASOTA FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: C. Frank Burdick 4/1/04 941-922-5522

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