2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90022 039 ****61.25

DOCUMENT # N13818

1. Entity Name

SARASOTA EASTPOINTE HOMEOWNERS ASSOCIATION, INC.

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

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
2198 Princeton Street	2198 Princeton Street
Suite, Apt. #, etc.: Suite #20	Suite, Apt. #, etc.: Suite #20
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34237 Country: Sarasota	Zip: 34237 Country: Sarasota

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	7. Name and Address of New Registered Agent
MANAGEMENT CONCEPTS 5766 BRONX AVE STE A SARASOTA FL 34231	Name: Ma-Con, Inc. Street Address (P.O. Box Number is Not Acceptable): 2198 Princeton Street Suite #20 City: Sarasota FL Zip Code: 34237

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: Warren Weil Agent WARREN WEIL 3/4/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	VD DEACON, WILLIAM 5359 SARAPOINTE DRIVE SARASOTA FL 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRODINAX, FRANK 640 EAST [POINT CT SARASOTA FL 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	640 EASTPOINTE COURT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BANKS, ANDREW 5386 SARAPOINTE DRIVE SARASOTA FL 34232	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HEDRICK, ANTHONY 5375 SARAPOINTE DRIVE SARASOTA, FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARFIELD, JOHN 5338 EASTPOINTE LANE SARASOTA FL 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, STEVEN 5336 SARAPOINTE DRIVE SARASOTA, FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAPERRIERE, TY 5384 SARPOINTE CT. SARASOTA FL 34232	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Frank Brodnax FRANK BRODNAX PRES 3-11-05 941-366-8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #