

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90071 010 ****61.25

DOCUMENT # N13818

1. Entity Name

SARASOTA EASTPOINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**2198 PRINCETON STREET STE 20
SARASOTA FL 34237
US**

Mailing Address

**2198 PRINCETON STREET STE 20
SARASOTA FL 34237
US**



2. Principal Place of Business

4920 Fruitville Road

Suite, Apt. #, etc.

3. Mailing Address

4920 Fruitville Road

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Sarasota, Fl

City & State

Sarasota, Fl

4. FEI Number

59-2750637

Applied For

Not Applicable

Zip

34232

Country

Sarasota

Zip

34232

Country

Sarasota

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MA-CON, INC
2198 PRINCETON STREET STE 20
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4920 Fruitville Road

City

Sarasota

FL

Zip Code

34232

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE **SD** ☐ Delete
NAME **DEACON, WILLIAM**
STREET ADDRESS **5359 SARAPOINTE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **PD** ☒ Delete
NAME **BRODINAX, FRANK**
STREET ADDRESS **640 EASTPOINTE COURT**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **VD** ☐ Delete
NAME **HEDRICKS, ANTHONY**
STREET ADDRESS **5375 SARAPOINTE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **TD** ☒ Delete
NAME **BARFIELD, JOHN**
STREET ADDRESS **5338 EASTPOINTE LANE**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** ☐ Delete
NAME **WILLIAMS, STEVEN**
STREET ADDRESS **5336 SARAPOINTE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Banks, Andrew**
STREET ADDRESS **5386 Sarapointe Drive**
CITY-ST-ZIP **Sarasota, Fl 34232**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **Pressley, Joanne**
STREET ADDRESS **672 Eastpointe Court**
CITY-ST-ZIP **Sarasota, Fl 34232**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William Deacon WILLIAM DEACON

4/10/06 (941)347-1002