2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N13818

Entity Name: SARASOTA EASTPOINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2477 STICKNEY POINT RD
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

2477 STICKNEY POINT RD
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 59-2750637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGUS PROPERTY MGMT.
2477 STICKNEY POINT RD
#118A
SARASOTA, FL 34231 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:	PD	( ) Delete
Name:	BRODNAX, SHARON	
Address:	640 EASTPOINT CT.	
City-St-Zip:	SARASOTA, FL 34232	
Title:	VPD	( ) Delete
Name:	NICHOLS, ALAN	
Address:	5348 SARAPOINTE DR.	
City-St-Zip:	SARASOTA, FL 34232	
Title:	TD	( ) Delete
Name:	CLERKINS, JOHN	
Address:	4160 FRUITVILLE RD	
City-St-Zip:	SARASOTA, FL 34232	
Title:	SD	(X) Delete
Name:	THUMM, JOHN	
Address:	5362 SARAPOINTE RD	
City-St-Zip:	SARASOTA, FL 34232	
Title:	AS	(X) Delete
Name:	MARKEL, JIM	
Address:	1801 GLENGARY STREET	
City-St-Zip:	SARASOTA, FL 34232	
Title:	AT	(X) Delete
Name:	SUTTON, WILLIAM	
Address:	1801 GLENGARY STREET	
City-St-Zip:	SARASOTA, FL 34231	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LINDA BENFORD MGR. 01/13/2009

Electronic Signature of Signing Officer or Director — Date