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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90134 037 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N18397**

1. Corporation Name

**EAGLE POINT SOCIAL CLUB, INC.**

Principal Place of Business  
10303 BURNT STORE ROAD  
PUNTA GORDA FL 33950

Mailing Address  
10303 BURNT STORE ROAD  
PUNTA GORDA FL 33950



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2740303	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

**9. Name and Address of Current Registered Agent**

SAFRON, ELWOOD P.  
306 E. OLYMPIA AVENUE  
PUNTA GORDA FL 33951-0400

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PRESIDENT
NAME	BOWDREN, WALTER	1.2 NAME	JOYCE RICE
STREET ADDRESS	10303 BURNT STORE RD #87	1.3 STREET ADDRESS	10303 BURNT STORE RD #105
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	PD	2.1 TITLE	VICE PRESIDENT
NAME	MEYER, GRACE	2.2 NAME	CHARLES WORDEN
STREET ADDRESS	10303 BURNT STORE 220	2.3 STREET ADDRESS	10303 BURNT STORE RD #96
CITY-ST-ZIP	PUNTA GORDA FL 33950	2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33450
TITLE	SD	3.1 TITLE	SECRETARY
NAME	SHAY, JEAN	3.2 NAME	DONNA HECKMAN
STREET ADDRESS	10303 BURNT STORE RD #144	3.3 STREET ADDRESS	10303 BURNT STORE RD #58
CITY-ST-ZIP	PUNTA GORDA FL 33950	3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	TD	4.1 TITLE	TREASURER
NAME	HECKMAN, DONNA	4.2 NAME	JEAN SHAY
STREET ADDRESS	10303 BURNT STORE #58	4.3 STREET ADDRESS	10303 BURNT STORE RD #144
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	AST	5.1 TITLE	ASST. SEC/TREAS.
NAME	MORROW, WILLIAM	5.2 NAME	ARLENE FERUS
STREET ADDRESS	10303 BURNT STORE RD #134	5.3 STREET ADDRESS	10303 BURNT STORE RD #246
CITY-ST-ZIP	PUNTA GORDA FL 33059	5.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D	6.1 TITLE	
NAME	MCGARVEY, MARJORIE	6.2 NAME	
STREET ADDRESS	10303 BURNT STORE RD #44	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 941-605-1057

Date

Daytime Phone #

CR2E037 (11/98)