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

May 09, 2006 8:00 am DOCUMENT # N36056 Secretary of State 1. Entity Name 05-09-2006 90079 017 ****61.25 EAGLES POINT COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address EAGLES POINT COMMUNITY 5490 EAGLES POINT CIR. CASEY MGMT. 4370 S TAMIAMI TRL., #156 SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 102 City & State City & State 4. FEI Number Applied For 65-0577759 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---- -6. Name and Address of Current Registered Agent Name CASEY CONDOMINIUM MGMT. Street Address (P.O. Box Number is Not Acceptable) 4370 S TAMIAMI TRL. #158 SARASOTA FL 34231 Zip Code 8. The above named entity submitistinis 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 agant. SIGNATURE _ Signature, typed or printed riarge of registered agent and ritle if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1,-2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Addition ם ד VPD BERKEY, JERE NAME NAME BLACK, TERRY 5400 EAGLES POINT CIRCLE, #206 5420 EAGLES PT. CIRCLE STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-7IP SARASOTA, FL 34231 CITY-ST-78P ☐ Change ☐ Delete ☐ Addition TITLE TITLE FENTON, MARILYN NAME NAME 5412 EAGLES PT. CIRCLE STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Chance Addition NAME WENDELL, CONLIN NAME STREET ADDRESS 5450 EAGLES PT. CIRCLE STREET ADDRESS CITY-ST-7/P SARASOTA FL 34231 CITY-ST-7IP TITLE ☐ Delete Change Addition TITLE STONE, JUDITH NAME NAME STREET ADDRESS 5430 EAGLES P CIRCLE #103 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP PD TITLE ☐ Delete TITLE Change ☐ Addition MAYNE, BEN NAME NAME STREET ADDRESS 5440 EAGLES POINT CIR., #203 STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-SY-ZIP TITLE ☐ Delete TITLE Change ☐ Addition OXARART, MELODY

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

5457 EAGLES POINT CIR.

SARASOTA FL 34231

NAME

STREET ADDRESS

CITY-ST-7/P

FILED