2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38194

FILED Apr 20, 2009 Secretary of State

Entity Name: EAGLE POINTE PHASE I COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O TRPICAL ISLES MGMT 12734 KENWOOD LANE STE 49

FORT MYERS, FL 33907

Current Mailing Address:

C/O TRPICAL ISLES MGMT 12734 KENWOOD LANE STE 49 FORT MYERS, FL 33907

FEI Number: 65-0203374

1833 HENDRY ST.

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHIELDS, CHRISTOPHER 1833 HENDRY ST.

FORT MYERS, FL 33912

C/O TROPICAL ISLES MGMT

C/O TROPICAL ISLES MGMT 12734 KENWOOD LANE STE 49

FORT MYERS, FL 33907 New Mailing Address:

FORT MYERS, FL 33907

12734 KENWOOD LANE STE 49

FORT MYERS, FL 33912

ROEDDING, JEANNE CAM

US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

US

in the State of Florida.

SIGNATURE: CHRISTOPHER SHIELDS

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete HALEY, PATRICK Name:

12701 EAGLE POINT CIRCLE Address: City-St-Zip: FORT MYERS, FL 33913

Title: VD () Delete SUTTON, KENDRA Name:

Address: 12450 EAGLE POINTE CIRCLE City-St-Zip: FT. MYERS, FL 33913

Title: () Delete VIDES, JULIO Name: Address: 12421 EAGLE PT CIR City-St-Zip: FORT MYERS, FL 33913

() Delete Title: ASM Name: ROEDDING, JEANNE

Address: 12734 KENWOOD LANE S 49 City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

HALEY, PATRICK Name: Address: 12701 EAGLE POINT CIRCLE

City-St-Zip: FORT MYERS, FL 33913

(X) Change () Addition Title:

Name: SUTTON, KENDRA

Address: 12450 EAGLE POINTE CIRCLE City-St-Zip: FT. MYERS, FL 33913

Title: S/T (X) Change () Addition

VIDES, JULIO Name:

12421 EAGLE POINTE CIRCLE Address: City-St-Zip: FORT MYERS, FL 33913

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: JEANNE ROEDDING ASM 04/20/2009