

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38194

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0203374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIELDS, CHRISTOPHER  
1833 HENDRY ST.  
FORT MYERS, FL 33912 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:** VP  
**Name:** HALEY, PATRICK  
**Address:** 12734 KENWOOD LANE #49  
**City-St-Zip:** FORT MYERS, FL 33907

**Title:** P  
**Name:** SUTTON, KENDRA  
**Address:** 12734 KENWOOD LANE #49  
**City-St-Zip:** FT. MYERS, FL 33907

**Title:** S/T  
**Name:** CARTER, DAVID  
**Address:** 12734 KENWOOD LANE #49  
**City-St-Zip:** FORT MYERS, FL 33907

I hereby 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 all other like empowered.

**SIGNATURE:** BRETT RUDLAND

CAM

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date