

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N92000000073**

1. Entity Name

**THE VILLAS AT EAGLES POINT CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**4370 S TAMiami TRAIL #102  
SARASOTA FL 34231**

Mailing Address

**CASEY CNDOMINIUM MGMT  
4370 S TAMiami TRAIL #102  
SARASOTA FL 34231**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number  
**65-0369011**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASEY CONDOMINIUM MGMT  
4370 S TAMiami TRAIL,  
SUITE 102  
SARASOTA FL 34231**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

*4/17/08*

(Signature of person named as registered agent and the filer, if different)

(NOTE: Registered Agent's name must be printed with no changes)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS TRUMAN, MENEFEE  
CITY-STATE-ZIP 1701 STARLING DR  
SARASOTA FL 34231

TITLE ☐ Delete  
NAME VSD  
STREET ADDRESS LOOMIS, MARGARET  
CITY-STATE-ZIP 1709 STARLING DR  
SARASOTA FL 34231

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS WHITE, SALLY  
CITY-STATE-ZIP 1721 STARLING DR  
SARASOTA FL 34231

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000913156  
CITY-STATE-ZIP 05/08/08-80004-025 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. 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.

SIGNATURE

*[Signature]*

*4/17/08*