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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N9300005179*

1. Corporation Name
EAGLE POINT ASSOCIATION, INC.

Principal Place of Business: **187 Forest Lakes Blvd. Naples, FL 33942**
Mailing Address: **187 Forest Lakes Blvd. Naples, FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/8/93	3a. Date of Last Report
4. FEI Number 65-0471837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.036, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent
**Robert T. Gracey
187 Forest Lakes Blvd.
Naples, FL**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Robert T. Gracey* *6/30/95*

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GAY, LAWRENCE
STREET ADDRESS	10200 Maddox Lane
CITY, ST, ZIP	Bonita Springs, FL 33923
TITLE	VP/SD
NAME	MOORE, KIMBERLY
STREET ADDRESS	10200 Maddox Lane
CITY, ST, ZIP	Bonita Springs, FL 33923
TITLE	TD
NAME	PASS, PAMELA
STREET ADDRESS	10200 Maddox Lane
CITY, ST, ZIP	Bonita Springs, FL 33923
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<i>DELETE</i>
13 STREET ADDRESS	
14 CITY, ST, ZIP	<i>100001544621</i>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>DELETE</i>
23 STREET ADDRESS	<i>-07/25/95--01016--002</i>
24 CITY, ST, ZIP	<i>****130.00 ****130.00</i>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<i>PD HOMER BROWN</i>
43 STREET ADDRESS	<i>PO Box 2526</i>
44 CITY, ST, ZIP	<i>Bonita Springs, FL 33940</i>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<i>D Donald P. Brown</i>
53 STREET ADDRESS	<i>PO Box 2526</i>
54 CITY, ST, ZIP	<i>Bonita Springs, FL 33940</i>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE: *Amelia* *4/21/95*
SIGNATURE AND TYPED OR PRINTED NAME OF NOMINATING OFFICER OR DIRECTOR *313 263 6655*