


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90181 017 ****61.25

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1. Entity Name
EAGLE POINTE ASSOCIATION, INC.



Principal Place of Business
 187 FOREST LAKES BLVD
 NAPLES, FL 34105

Mailing Address
 187 FOREST LAKES BLVD
 NAPLES, FL 34105

20048019



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04072005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0471837

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

GRACEY, ROBERT D
187 FOREST LAKES BLVD
NAPLES, FL 33923

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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	VPD	<input type="checkbox"/> Delete
NAME	ANDERSON, CURTIS	
STREET ADDRESS	10231 MADDOX LN., #221	
CITY - ST - ZIP	BONITA SPRINGS, FL 34135	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRACEY, ROBERT T	
STREET ADDRESS	187 FOREST LAKES BLVD.	
CITY - ST - ZIP	NAPLES, FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MULFORD, RICHARD	
STREET ADDRESS	10261 MADDOX LN #513	
CITY - ST - ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMARK, PHILIP	
STREET ADDRESS	10261 MADDOX LN #523	
CITY - ST - ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEZYAK, JACK	
STREET ADDRESS	10251 MADDOX LANE #421	
CITY - ST - ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMREK, PHILIP	
STREET ADDRESS	10261 MADDOX LANE #523	
CITY - ST - ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert Gracey **ROBERT GRACEY** 4/22/05 239-649-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #