2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

| DOCUMENT # N9300005179 1. Entity Name EAGLE POINTE ASSOCIATION, INC. | | | | | 04-18-2007 90164 032 ****61.25 | | | |
|---|---|--|--|--|--|------------------------------|-------------------------------|--|
| 187 FOREST LAKES BLVD 187 | | Mailing Address 187 FOREST LAKES BLVI NAPLES, FL 34105 | 7 FOREST LAKES BLVD | | 4006628 | | | |
| 2. Principal Place of Business - No P.O. Box # 3. Ma | | 3. Mailing Address | illing Address | | | | | |
| | | Suite, Apt. #, etc. | uite, Apt. #, etc. | | 007 Chg-NP | CR2E037 (12/06 |) | |
| | | City & State | | | Number 0471837 | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | | ficate of Status Desir | Fee Requ | | |
| | 6. Name and Address of Current i | Registered Agent | Name | 7. Nam | e and Address of No | ew Registered Agent | | |
| GRACEY, ROBERT 187 187 FOREST LAKES BLVD NAPLES, FL 33923 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| NAPLES, | FL 33923 | | | | | | | |
| | | | City | · | | FL Zip C | ode | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its re | gistered office or | registered agent, | or both, in the State o | of Florida. I am familiar wi | th, and accept | |
| Old/ Williams | Signature, typed or printed name of registered agent a | and title if applicable (NOTE, F | Registered Agent signatu | re required when reinstar | ing) | DATE | | |
| | Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Camp Trust Fund Co | | | \$5.00 May Be Added to Fees Make check payable to FiorIda Department of State | | | |
| 10. | OFFICERS AND DIR | ECTORS | 11. | ADDITION | S/CHANGES TO OF | FICERS AND DIRECTORS | IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ANDERSON, CURTIS 10231 MADDOX LN., #221 BONITA SPRINGS, FL 34135 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Chang | e 🔲 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD GRACEY, ROBERT T 187 FOREST LAKES BLVD. NAPLES, FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Chang | e 🔲 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BEZYAK, JACK 10251 MADDOX LANE # 421 BONITA SPRINGS, FL 34135 | ☆ Delete | NAME STREET ADDRESS | DUP ELLES DAR 10241 MAC BONITA SON | DOXLANE A. | □ Chang 3/2 5 | e 🏻 Addition | |
| THE NAME STREET ADDRESS CITY-ST-ZIP | D MILLFORD, RICHARD 10261 MADDOX LANE, #513 BONITA SPRINGS, FL 34135 | ☑ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETROSKY 10441 MK BONITA SKI | 211NG5,F4 3413. VERNE 1996 X X ANE F UNKS, F4 341, | □ Chang 1313 13) | e 🛭 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Chang | e 🗍 Addition | |
| | | | GITT-01-EII | | | | | |

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: