


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N93000005179 1. Entity Name EAGLE POINTE ASSOCIATION, INC.	
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Principal Place of Business 187 FOREST LAKES BLVD NAPLES, FL 34105	Mailing Address 187 FOREST LAKES BLVD NAPLES, FL 34105
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DO NOT WRITE IN THIS SPACE

04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0471837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. The above named entry 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

U00000907776
05/06/08-80001-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDERSON, CURTIS 10231 MADDOX LN., #221 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRACEY, ROBERT T 187 FOREST LAKES BLVD. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ELLES, DANIEL 1024 MADDOX LN #312 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETROSKY, VERNE 10241 MADDOX LN #313 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby 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: Robert D. Gracey 4-17-08 239-649-5667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #