

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005179

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: EAGLE POINTE ASSOCIATION, INC.

## Current Principal Place of Business:

187 FOREST LAKES BLVD  
NAPLES, FL 34105

## New Principal Place of Business:

3920 VIA DEL REY  
SUITE 3  
BONITA SPRINGS, FL 34134

## Current Mailing Address:

187 FOREST LAKES BLVD  
NAPLES, FL 34105

## New Mailing Address:

3920 VIA DEL REY  
SUITE 3  
BONITA SPRINGS, FL 34134

FEI Number: 65-0471837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

DEAVERS DITMAR & FLYNN TAX & FNCL CNSLTS  
3920 VIA DEL REY  
SUITE 3  
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE: LORI L. DITMAR

01/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: ANDERSON, CURTIS  
Address: 10231 MADDOX LN., #221  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD (X) Delete  
Name: GRACEY, ROBERT T  
Address: 187 FOREST LAKES BLVD.  
City-St-Zip: NAPLES, FL

Title: DVP ( ) Delete  
Name: ELLES, DANIEL  
Address: 1024 MADDOX LN #312  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: PETROSKY, VERNE  
Address: 10241 MADDOX LN #313  
City-St-Zip: BONITA SPRINGS, FL 34135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL ELLES

DVP

01/21/2009

Electronic Signature of Signing Officer or Director

Date