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03-23-1999 90043 009 \*\*\*\*70.00



NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N95000000734**

1. Corporation Name  
**HOMEOWNERS' ASSOCIATION OF EAGLE POINT, INC.**

Principal Place of Business	Mailing Address
S AND A PROPERTY MANAGEMENT, INC. P.O. BOX 7179 DELRAY BEACH FL 33482-7179	S AND A PROPERTY MANAGEMENT, INC. P.O. BOX 7179 DELRAY BEACH FL 33482-7179



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/13/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0646131
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
S AND A PROPERTY MANAGEMENT, INC. 7644 EAGLE POINT DRIVE DELRAY BEACH FL 33446	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Edward Hauber, President *Edward Hauber President* DATE March 1, 1999

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEACH, DAVID R	1.2 NAME	Linda Bradshaw
STREET ADDRESS	1220 S. OCEAN BLVD.	1.3 STREET ADDRESS	7619 Eagle Point Drive
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEACH, WILLIAM R	2.2 NAME	Jack Golub
STREET ADDRESS	1220 S. OCEAN BLVD.	2.3 STREET ADDRESS	7603 Eagle Point Drive
CITY-ST-ZIP	DELRAY BEACH FL 33483	2.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEACH, MARILYN G	3.2 NAME	Michelle Keats
STREET ADDRESS	1220 S. OCEAN BLVD.	3.3 STREET ADDRESS	7556 Eagle Point Drive
CITY-ST-ZIP	DELRAY BEACH FL 33483	3.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Doron Corcos
STREET ADDRESS		4.3 STREET ADDRESS	7636 Eagle Point Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Andrew Montague
STREET ADDRESS		5.3 STREET ADDRESS	7668 Eagle Point Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Salvatore Ambrico
STREET ADDRESS		6.3 STREET ADDRESS	7599 Eagle Point Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Delray Beach, FL 33446

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK GOLUB *Jack Golub* Date 3-1-1999 (561) 498-5459

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

CR2E037 (1/198)

**HOMEOWNERS ASSOCIATION  
OF  
EAGLE POINT, INC.**

254 232-90043-9

N95 000000731

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7. 1 TITLE	D
7. 2 NAME	Marcia Gerstenberg
7. 3 STREET ADDRESS	7552 Eagle Point Drive
7. 4 CITY-ST-ZIP	Delray Beach, FL 33446

X Change