

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91171 015 \*\*\*\*61.25

**DOCUMENT # N95000000734**

1. Entity Name

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

Principal Place of Business

Mailing Address

7664 EAGLE POINT DR  
 DELRAY BEACH FL 33446  
 US

500 N.E. SPANISH RIVER BLVD  
 SUITE #18  
 BOCA RATON FL 33431  
 US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0646131**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIS, ERNEST W**  
**500 NE SPANISH RIVER BLVD**  
**BOCA RATON FL 33431**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GERSTENBERG, MARCIA	
STREET ADDRESS	7552 EAGLE POINT. #33	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORCOS, DORON	
STREET ADDRESS	7636 EAGLE POINT DR. #33	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLEMING, CHARLES	
STREET ADDRESS	7616 EAGLE POINT DR.,	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPECK, JOHN	
STREET ADDRESS	7612 EAGLE POINT DR.	
CITY-ST-ZIP	DELRAY BCH FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTAGUE, ANDREW	
STREET ADDRESS	7668 EAGLE POINT DR.	
CITY-ST-ZIP	DELRAY BCH FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMBRICO, SALVATORE	
STREET ADDRESS	7599 EAGLE POINT DR.	
CITY-ST-ZIP	DELRAY BCH FL 33446	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kapit, Bob	
STREET ADDRESS	7624 Eagle Point Drive	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Golub	
STREET ADDRESS	7603 Eagle Point Drive	
CITY-ST-ZIP	Delray Beach, FL 33446	
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:

SIGNATURE *Jack Golub*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

*5/16/01*  
 Date

Daytime Phone #

CR2E037 (10/00)