

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0034651

DOCUMENT # N95000000734

1. Entity Name

HOMEOWNERS' ASSOCIATION OF EAGLE POINT, INC.

04-11-2002 90104 034 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7603 Eagle Point Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Delray Beach, FL

4. FEI Number **65-0646131**

Applied For
 Not Applicable

Zip
 33446

Country
 USA

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 _____ (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	D	<input checked="" type="checkbox"/> Delete
NAME	KAPI, BOB	
STREET ADDRESS	7624 EAGLE POINT DRIVE	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Golub, Jack	
STREET ADDRESS	7603 Eagle Point Drive #33	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corcos, Doron	
STREET ADDRESS	7636 Eagle Point Drive #33	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fleming, Charles	
STREET ADDRESS	7616 Eagle Point Drive #33	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kunschaft, Kathryn	
STREET ADDRESS	7519 Eagle Point Drive #33	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Montague, Andrew	
STREET ADDRESS	7668 Eagle Point Drive #33	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ambrico, Salvatore	
STREET ADDRESS	7599 Eagle Point Drive #33	
CITY-ST-ZIP	Delray Beach, FL 33446	

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: Jack Golub **JACK GOLUB, Pres.** 4/2/02 561-498-5459
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/01)